



Derbyshire County Council



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1963

BY

J. B. S. MORGAN

B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

COUNTY MEDICAL OFFICER OF HEALTH

HEANOR, DERBYSHIRE :

ARTHUR GAUNT & SONS (PRINTERS) LTD.



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COUNTY HEALTH COMMITTEE

(As at 31st December, 1963)

ALDERMAN MRS. E. HARRISON

(Chairman)

COUNCILLOR M. HEWITT

(Vice-Chairman)

Aldermen

J. ANDERSON
G. COCKER
N. GRATTON
J. W. HALL

MRS. E. G. REDFERN
MRS. D. M. SUTTON
E. WRIGHT
A. F. T. WYATT

Councillors

N. B. BANKS
F. BLUNT
J. CARTER
S. F. COLLINS
J. DENTON
H. FISHER
W. GARDNER
F. JOHNSON

W. JOHNSON
W. McBAIN
C. J. MERREY
MRS. G. MOORE
P. REVILL
MRS. A. S. THICKETT
W. H. WHITEHEAD
J. WILLIAMSON

Co-opted Members

DR. R. R. LANE
R. BONNER-WILLIAMSON ESQ.
A. E. HARVEY, ESQ.

W. BELFIELD, ESQ.
MRS. S. A. JERVIS
MRS. D. M. ASHLEY

Ambulance Sub-Committee

ALDERMAN MRS. E. HARRISON
ALDERMAN A. F. T. WYATT

COUNCILLOR F. BLUNT
COUNCILLOR H. FISHER
COUNCILLOR M. HEWITT
COUNCILLOR W. H. WHITEHEAD

Mental Health Sub-Committee

ALDERMAN MRS. E. HARRISON
ALDERMAN J. W. HALL
ALDERMAN MRS. E. G. REDFERN
ALDERMAN MRS. D. M. SUTTON

COUNCILLOR N. B. BANKS
COUNCILLOR F. BLUNT
COUNCILLOR J. CARTER
COUNCILLOR H. FISHER
COUNCILLOR W. GARDNER
COUNCILLOR M. HEWITT
COUNCILLOR W. H. WHITEHEAD
COUNCILLOR J. WILLIAMSON

Co-opted Members:—

ALDERMAN MRS. A. M. BELFIELD, ALDERMAN L. HEATH, DR. H. BAILEY, DR. W. J. BARBOUR, DR. J. A. STIRLING and DR. H. C. WHITE, TOGETHER WITH THE MEDICAL SUPERINTENDENTS OF KINGSWAY HOSPITAL, ASTON HALL HOSPITAL, PASTURES HOSPITAL and WHITTINGTON HALL HOSPITAL.

Staff Sub-Committee

ALDERMAN MRS. E. HARRISON
ALDERMAN MRS. D. M. SUTTON
ALDERMAN A. F. T. WYATT

COUNCILLOR N. B. BANKS
COUNCILLOR J. CARTER
COUNCILLOR M. HEWITT
COUNCILLOR W. H. WHITEHEAD

A Joint Medical Services Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December, 1963, its membership was as follows:—

ALDERMAN MRS. E. HARRISON
(Chairman)
ALDERMAN MRS. D. M. SUTTON
COUNCILLOR N. B. BANKS
COUNCILLOR M. HEWITT

ALDERMAN MRS. G. BUXTON
ALDERMAN MRS. O. EDEN
ALDERMAN J. B. HANCOCK
COUNCILLOR T. R. WRIGHT

**WEIGHTS AND MEASURES AND MISCELLANEOUS
SERVICES COMMITTEE**

(As at 31st December, 1963)

ALDERMAN C. FEAKIN

(Chairman)

COUNCILLOR T. T. JENNINGS

(Vice-Chairman)

Aldermen

J. ANDERSON
H. G. BOOTH
G. W. COCKER
A. FOWLER

N. GRATTON
MRS. D. M. SUTTON
A. F. T. WYATT

Councillors

D. BARTON
F. R. BOTT
M. W. BOWMER
MRS. M. CRESSWELL
J. W. DENTON
F. W. ELDRIDGE
J. G. A. GREEN

MRS. D. HARDMAN
A. E. HEESOM
J. H. HIGGINBOTTOM
J. McKAY
D. PRINCE
G. SMITH
G. N. WILSON

Milk Licences Sub-Committee

ALDERMAN C. FEAKIN

COUNCILLOR T. T. JENNINGS

Rural Water Supplies and Sewerage Acts Sub-Committee

ALDERMAN G. H. BOOTH
ALDERMAN C. FEAKIN

COUNCILLOR MRS. M. CRESSWELL
COUNCILLOR F. W. ELDRIDGE
COUNCILLOR MRS. D. HARDMAN
COUNCILLOR A. E. HEESOM
COUNCILLOR T. T. JENNINGS

*To the Chairman and Members of the
Derbyshire County Council.*

Ladies and Gentlemen,

I have the honour to present the 74th Annual Report on the health of the County of Derby.

In my Report for 1962 I mentioned that the Ten-Year Plan for the development of Local Authority Health Services would be reviewed annually and on each occasion carried forward one year, so that it would always cover the decade ahead. I emphasized that plans in the realms of medicine must be flexible, to take account of the advances in knowledge. The Ten-Year Plan for community care has two main ingredients, namely, buildings and staff. On the 17th April, 1963, the Ministry of Health forwarded to the County Council Command Paper number 1973 on "Health and Welfare: the Development of Community Care". It presented in summary form the long-term development of Local Authorities' Health and Welfare Services. The Ministry of Health, in Circular 6/63, mentioned that the plans, either in their original form or as revised following the annual reviews, do not represent firm financial commitments either for Local Authorities or for the Government in relation to general grant or loan sanction. The actual decisions on revenue expenditure and capital investment will be taken in the normal way at the proper time. Nevertheless, the plans as presented in the Command Paper and as subsequently revised will give a most valuable indication of the direction in which Authorities intend to develop their services and the rate of progress they expect to achieve. The World Health Organisation has issued "Public Health Papers" number 21 on the "Staffing of Public Health and Out-Patient Nursing Services". On page 10 it states that "Judgement and experience are possibly the two most important determinants of the staffing plan, and both are the personal attributes of the administrator. Because of this inherent subjectivity, and because of the many factors influencing the staffing plan, it is impossible to develop a staffing pattern or assess its effectiveness with complete objectivity. Evaluation involves identifying those elements which make the plan satisfactory and which may be just as elusive as those opposing elements which produce inefficiency, waste and dissatisfaction. In fact, it may be the same element—personal relationships—which in one instance affects the plan adversely and in another makes it workable, satisfactory and effective".

On page 26 of the W.H.O. Report the following appears under the caption "Personnel policies": "The recruitment and retention of qualified staff depend to a considerable degree on the personnel policies. Salary and security, hours of work, sick leave and vacations are obvious factors, but there are many other aspects of personnel management

which greatly influence the morale of staff. They include the working environment which is established through personal relationships, the feeling of mutual respect between staff at all levels, and recognition of work accomplishments". In my opinion it is desirable that members of Committees as well as their Officers should bear in mind these comments, as I feel sure that they are important in the recruitment and retention of qualified professional staff in the Health Services. In the same publication (on page 27) I read with some amusement the following:

"Preventing 'unwise economy' is a real challenge to administrators. In Public Health this means assuring the highest quality of service to the largest number of people for the least amount of money."

Mr. Enoch Powell, M.P., is reported, in the British Medical Journal of 9.11.63 to have said:—

"The ever-rising contribution of married women, especially of married women with professional qualifications and training, who work whole-time or part-time, is one of the major economic and social phenomena of our day. This is a change which we cannot resist even if we would. We shall do well to make it welcome, and adapt our methods and ideas to draw the utmost benefit from it. Nursing is not the only activity, nor are hospitals the only organizations, whose character and working are being profoundly influenced and altered by it; but they are among the most important. In the last five years the number of part-time nurses in our hospitals has increased by 50%, and there is every indication of the increase continuing. Already 19% of all nursing time in our hospitals is contributed by part-time staff, whose numbers approach 60,000." (Mr. Enoch Powell, at Broomfield Hospital, Chelmsford, October 15th.)

An increasing number of part-time staff is being employed in the County Health Department, but home nursing and particularly midwifery are "around the clock" services, and offers of part-time help are not always easy to fit in with the requirements of the general public which extend throughout the twenty-four hours.

The Right Rev. G. F. Allen, D.D., the Lord Bishop of Derby, gave an address to the East Midlands Branch of the Society of Medical Officers of Health on December 12th, 1963, entitled "Partners for the whole man", which advocated the advantages that would flow if the clergy and the personnel in the health fields worked in co-operation.

Undoubtedly, there are occasions where the cause of illness is not so much in the medical as in the ethical sphere. That is not to say that medicine alone may not be advantageous, but a recurrence of the trouble cannot be prevented unless the cause is also corrected. Put in another way, a doctor is often expected to prescribe a tablet or a bottle of medicine whereas carrying out the advice of a clergyman would have prevented the condition recurring or even arising.

In a number of localities there is a tendency for the clergy to have small congregations, and for the Doctors to have surgeries full of people, and one cannot help reflecting whether the root cause of the trouble would sometimes not be better dealt with by directing our steps to Church rather than to the surgery!

A great deal of illness is dependent on human behaviour and "behaviour therapy" may be instituted at different times by many people, including parents, judges, the clergy, teachers and doctors, with varying degrees of success. Frequently success is dependent on a partnership between various skills and disciplines but the patient's responsibility for his own conduct must not be overlooked.

Dr. J. G. Howells has given sound advice in a leaflet he wrote on "Secure Family Life and Mental Health", and I thought you might be interested in the following extract from it:—

"Ideally, all the relationships in the family should be in harmony. Parents who had pleasant, encouraging and warm relationships in the past between themselves and their parents are the individuals who make a harmonious marriage with their partner and who make a happy emotional climate for their children. These parents and their children will have happy, rewarding and beneficial experiences with the community around them. Such a family group is a community asset. From such a situation spring happy children who in turn become happy parents and who, again, produce happy children."

The following comments were made during the course of Sir George Pickering's Presidential Address to the British Medical Association at the Annual Meeting in Oxford in 1963:—

"What does the wise old family doctor give that the machine cannot? It is not professional skill or scientific knowledge; it is human sympathy and understanding that form the very core of medicine . . .

The Welfare State is one of the most substantial attempts to translate an ideal into practice. Naturally not all of its implications were foreseen. Medicine perhaps presents the outstanding example of how greatly the realization of this modern attempt at Utopia depends on character, on an attitude of mind. I do not think this has yet been realised. And I fear that unless it is, our attempt at Utopia will destroy itself. Manners makyth Man."

These comments have been uttered by a man who has not only profound scientific knowledge, but obviously much human sympathy and understanding himself.

The County Council are using their best endeavours to develop a chiropody service, which is of most benefit probably to the elderly. Dr. H. C. Miller has written a most valuable book entitled "The Ageing Countryman", which is a socio-medical report on old age in a country practice, and it is thought that the following quotations might prove of interest:—

"Valuable as it is, chiropody is not the final answer, or even the most important factor, in the treatment of the multiple lesions of the feet that are so pathetically common among the old, for most chiropody is directed primarily against skin conditions which have been caused by lesions of underlying structures—particularly of bones, joints and ligaments. Much unnecessary pain and disablement in the feet are due to conditions which readily respond to surgical interference, and, if recruited early enough, it is certain that orthopaedic surgery of the feet would eliminate thousands of lesions now presenting for chiropody.

The final answer lies not in treatment at all but in education, and especially in education in the use of proper footwear and a vigorous independence of spirit strong enough to resist the blandishments of fashion.
."

The Birth Rate and Death Rate from all causes per 1,000 of the population (which is estimated to be 766,090) were respectively 17.11 and 12.31; the corresponding rates for England and Wales (provisional) were 18.2 and 12.2. The national birth rate of 18.2 per thousand was the highest since 1947. The Infant Mortality rate was 19.26 deaths under one year of age per 1,000 live-births, which is the lowest ever recorded; this may be compared with the provisional figure of 20.9 for England and Wales, which is also the lowest ever recorded. The Table on page 20 sets out the figures for Derbyshire since 1930; your attention is also drawn to the Tables on pages 20 and 21 relating to neo-natal and early neo-natal mortality, as well as to the comments on perinatal mortality. The **Maternal Mortality** rate was 0.30 per thousand live- and still-births, which is the same figure as for 1962 and is the lowest recorded in this County. (For England and Wales the provisional figure was 0.28). The Table on page 44 shows the mortality over the last fourteen years. The percentage of **Illegitimate Births** was 4.17, as compared with 4.20 in the previous year, and 3.53 in 1961. (The illegitimacy rate for England and Wales in 1963 was 6.9, compared with an average of 5.6 for the preceeding 5 years.)

There were 8,344 **Deaths** compared with 8,438 in the previous year.

Of the 8,344 **deaths**, 1,307 were certified as being due to **Heart Disease**, and 1,182 as being due to **Vascular Lesions of the Nervous System**. The number of deaths from **Coronary Disease**, including **Angina Pectoris**, which had shown a gradual rise during the past few years, from 942 in 1954 to 1,520 in 1962, was 1,504.

During the year there were 1,364 deaths which were certified as being due to **Malignant Disease**: the lesion was in the stomach in 201 patients, in the lung or bronchus in 296, in a breast in 149, and in the uterus in 58.

The headings under which deaths were tabulated were changed in 1950, and consequently the individual figures prior to that year are not strictly comparable with those that have been provided subsequently. It is proposed, therefore, to set out in the following table the deaths from respiratory tuberculosis and cancer of the lung, for 1950 and subsequent years:—

Year	Deaths from		Total
	Respiratory Tuberculosis	Malignant Neoplasm of lung or bronchus	
1950 ..	154	141	295
1951 ..	119	157	276
1952 ..	110	167	277
1953 ..	113	165	278
1954 ..	80	165	245
1955 ..	74	173	247
1956 ..	51	233	284
1957 ..	51	210	261
1958 ..	46	230	276
1959 ..	34	250	284
1960 ..	39	300	339
1961 ..	29	267	296
1962 ..	33	276	309
1963 ..	27	296	323

In considering the figures in the above table, perhaps it would not be inappropriate to bear in mind the comments of Sir George Godber, the Chief Medical Officer of the Ministry of Health, on the Royal College of Physicians' report on "Smoking and Health":—

"This reviewed the evidence dispassionately and, with scrupulous fairness, stated conclusions which were wholly damning against cigarette smoking. There is surely no longer need to argue further whether, but only how, the habit should be avoided or broken. . . . If cigarette smoking could be abolished by common consent there would follow a progressive and large reduction in lung cancer deaths, in the prevalence of chronic bronchitis and, probably, various other diseases also; even a change to pipe or cigar smoking would produce improvement. Published comment on the financial results of a year's trading in tobacco, which was to the effect that almost complete recovery of sales had occurred after the "cancer scare", reflects utter lack of understanding. The deaths of over 20,000 people in one year are not a "scare" but an accomplished tragedy. There is no easy way of achieving abstinence in this matter nor any panacea that medicine can provide; each cigarette smoker has to face and prevail over his own indulgence."

The following comments appear in the Chest and Heart Association's Annual Report for 1962-1963:—

"**Bronchitis** is responsible for 33,000 deaths a year in England and Wales, and 27 million working days are lost because of it. Doctors in general practice see more patients with this condition than with any other single illness. Causes of bronchitis are still not fully understood but air pollution undoubtedly plays a part, as does cigarette smoking."

"**Lung Cancer** was responsible for 23,000 deaths in the year, 20,000 of them being men. Over half of these deaths occurred in the age group 45 to 65—lung cancer is attacking people in the prime of life."

"**Tuberculosis** nowadays affects predominantly males. Of 3,087 deaths in the year, over two-thirds were among males."

As I look back over my life of over fifty years I remember at its start smoking was almost entirely confined to men, but latterly larger numbers of women are indulging in the habit. The figures for lung cancer and pulmonary tuberculosis are considerably higher at the present time for males than females, and although it is admitted there are several factors involved, I cannot help thinking that in due course there may well be an alteration in the proportion of these diseases to the disadvantage of the females. In this connection it has to be remembered that local damage to tissues often reduces resistance to infection.

Once again I have to thank the Members of the County Health, Education, and the Weights and Measures and Miscellaneous Services Committees for their support in obtaining improvements to the Health Services, and especially their respective Chairmen, namely Alderman Mrs. E. Harrison, Alderman Mrs. G. Buxton, and Alderman C. Feakin;

the County Clerk and the Heads of Departments for their co-operation; and the members of my own Department for their loyal assistance and not least my Deputy, Dr. V. J. Woodward, the Principal Dental Officer, the Senior Medical Officers for Maternal & Child Welfare, Mental Health, and School Health, the Supervisors of Health Visiting, Home Nursing and Midwifery, the Ambulance Officer, the Public Health Inspector, and the Chief Clerk, throughout a year in which a great deal of thought was given not only to maintaining but also to expanding services.

I am,

Your obedient Servant,

J. B. S. MORGAN.

County Medical Officer of Health

*County Offices,
Matlock.*

(Telephone No. Matlock 3411).

25th June, 1964.

MEDICAL AND DENTAL STAFF OF THE COUNTY HEALTH DEPARTMENT (31st DECEMBER, 1963)

COUNTY MEDICAL OFFICER OF HEALTH

J. B. S. MORGAN, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH

V. J. WOODWARD, M.B., Ch.B., D.P.H.

SENIOR MEDICAL OFFICER FOR MATERNAL AND CHILD WELFARE

ISABEL M. McCULLOUGH, L.R.C.P. & S.I., D.C.H., D.R.C.O.G.

SENIOR MEDICAL OFFICER FOR MENTAL HEALTH

MARGARET FYNNE, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.

SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH AND HEALTH EDUCATION

JULIA M. D. CORRIGAN, M.B., B.Ch., B.A.O., D.P.H.

MEDICAL OFFICER FOR CHESTERFIELD BOROUGH

H. BAILEY, M.B., Ch.B., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICERS

M. ALLAN, M.B., Ch.B., D.P.H.

W. J. MORRISSEY, M.B., B.Ch., B.A.O., D.P.H.

A. R. ROBERTSON, M.B., Ch.B., D.P.H.

F. D. F. STEEDE, M.B., B.Ch., B.A.O., D.P.H.

MARY SUTCLIFFE, M.A., M.B., B.Ch., D.P.H.

P. WEYMAN, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.

C. G. WOOLGROVE, M.B., Ch.B., D.P.H.

MATERNAL AND CHILD WELFARE MEDICAL OFFICERS:

DOROTHY M. JACKSON, M.B., Ch.B.

HILDA E. McNAMARA, M.D. (Toronto), L.M.S. (Nfld.), D.R.C.O.G., D.P.H.

ELLEN M. M. MURPHY, M.B., B.Ch., B.A.O., D.P.H.

MURIEL M. HELME SUTCLIFFE, B.Sc., M.B., B.S., M.R.C.O.G.

ASSISTANT MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

FRANCES G. BRILL, B.A., M.B., B.Ch., B.A.O.

J. W. CRAWSHAW, M.B., Ch.B.

R. E. DEAN, L.R.C.P.S., L.R.F.P.S.

CHRISTINE M. DAVENPORT, M.B., Ch.B.

J. DUTHIE, M.B., Ch.B.

J. A. GAWTHORPE, M.B., Ch.B.

WINIFRED GOW, M.B., Ch.B.

TONIE F. HAYNES, M.B., Ch.B., D.P.H.

EVELYN B. HORTON, M.B., Ch.B. (Part-time)

J. A. HOWE, M.B., Ch.B., L.R.C.P., M.R.C.S. (Part-time)

D. J. HUNT, M.B., B.S., L.R.C.P., M.R.C.S. (Part-time)

BRIDGID J. HUNTER, M.B., B.Ch., B.A.O. (Part-time)

EMILY B. JOHN, M.B., B.S., L.R.C.P., M.R.C.S.

MARGARETE KUTTNER, M.D.

JOAN B. M. LEITH, M.B., B.Ch., B.A.O. (Chesterfield Borough)

D. R. McCAULLY, M.D., B.Ch., B.A.O., D.P.H.

MARGARET J. NETTLESHIP, M.B., Ch.B., D.P.H. (Part-time)

P. W. O'BRIEN, M.B., Ch.B. (Part-time)

F. S. ROGERS, M.B., Ch.B., D.P.H. (Chesterfield Borough)

ELEANOR M. SINGER, M.Sc., L.R.C.P., M.R.C.S., D.C.H.

E. M. SKINNER, M.B., Ch.B., M.R.C.S., L.R.C.P. (Part-time)

MARY STEVENS, M.B., Ch.B. (Part-time)

G. STOREY, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S. (Part-time)

SHEILA G. SYKES, M.B., Ch.B., D.R.C.O.G., D.P.H., D.C.H.

MONICA TISDALL, M.B., B.S., L.R.C.P., M.R.C.S. (Part-time)

TEISI URTSON, Med-Dip. (University of Tartu)

DENTAL STAFF

Chief Dental Officer: H. E. GRAY, L.D.S.

Dental Officers: MAUREEN CHINNERY, L.D.S.

MARGUERITE FORD, L.D.S.

G. H. FREEMAN, (Dentist, 1921)

B. R. HUDDART, L.D.S. (Part-time)

A. Y. JADWAT, B.D.S. (Part-time)

N. J. SAVAGE, B.D.S. (Senior Dental Officer, Chesterfield Borough)

M. J. COOMBS, B.D.S. (Chesterfield Borough)

B. J. WEST, L.D.S. (Chesterfield Borough)

**BIRTH RATE, INFANT MORTALITY RATE AND DEATH
RATE DURING THE LAST SEVENTY-THREE YEARS.**

Year		Birth Rate <i>per 1,000 of Population</i>	Infant Mortality <i>per 1,000 Births</i>	Death Rate from all Causes <i>per 1,000 of Population</i>
1891 to 1900	WHOLE COUNTY England and Wales	33.7 29.9	147 153	17.1 18.3
1901 to 1910	WHOLE COUNTY England and Wales	28.5 27.1	126 128	14.1 15.3
1911 to 1920	WHOLE COUNTY England and Wales	24.07 21.90	99 100	12.66 13.85
1921 to 1930	WHOLE COUNTY England and Wales	19.73 18.36	70.7 71.7	10.92 12.14
1931 to 1940	WHOLE COUNTY England and Wales	15.7 14.93	56.7 58.6	11.31 12.26
1941 to 1950	WHOLE COUNTY England and Wales	18.25 17.02	41.99 42.88	10.94 11.72
1951 to 1960	WHOLE COUNTY England and Wales	15.43 15.82	26.20 24.80	11.70 11.62
1961*	WHOLE COUNTY England and Wales	16.08 17.4	19.93 21.6	12.83 12.0
1962*	WHOLE COUNTY England and Wales	16.94 18.0	21.60 21.4	12.80 11.9
1963*	Urban Districts	16.99	18.86	12.60
	Rural Districts	17.16	19.60	12.09
	WHOLE COUNTY	17.11	19.26	12.31
	England and Wales	18.2†	20.9†	12.2†

* See note on pages 15 and 16.

† Provisional

REPORT OF THE HEALTH OF DERBYSHIRE FOR THE YEAR 1963.

On 13th January, 1964, the Ministry of Health issued Circular 1/64, concerning the "Annual Report of the Medical Officer of Health for 1963". The first two paragraphs of the circular read as follows:—

"I am directed by the Minister of Health to refer to Regulation 5 (3) and Regulation 15 (5)* of the Public Health Officers Regulations, 1959, under which the Medical Officer of Health is required as soon as practicable after the 31st December in each year, to make a report for that year to the Council, with copies to the Minister, dealing with the sanitary circumstances, sanitary administration and vital statistics of the area and any other matters upon which he may consider it desirable to report. I am to ask that the Council will give directions for the preparation as soon as possible of the Annual Report of the Medical Officer of Health for the year 1963.

2. The Annual Report of the Medical Officer of Health is specially valuable as a source of information about the state of the public health of the area. In order that the Report for 1963 should be of the greatest value for this purpose the Minister suggests that, among other things, it should deal with the matters referred to in the following paragraphs . . ."

(The circular then gives particulars of certain points which should be covered in the annual report, including vital statistics, health education and chiropody).

Regulation 5 of the Public Health Officers Regulations, 1959, which is mentioned above, reads as follows:—

"MEDICAL OFFICERS OF HEALTH OF COUNTIES.

Duties.

5. A medical officer of health of a county shall, in respect of the county for which he is appointed, in addition to any other duties which may be assigned to him by the county council, carry out the following duties:—

- (1) he shall inform himself as far as practicable respecting all matters affecting or likely to affect the public health in the county and be prepared to advise the county council on any such matter; and for this purpose he shall visit the several county districts in the county as occasion may require, giving to the medical officer of health of each county district prior notice to his visit, so far as this may be practicable;
- (2) he shall perform all the duties imposed on a medical officer of health of a county by statute and by any orders, regulations or directions from time to time made or given by the Minister;
- (3) he shall as soon as practicable after the 31st day of December in each year make an annual report to the county council for the year ending on that date on the sanitary circumstances, the sanitary administration and the vital statistics of the County, containing in addition to any other matters upon which he may consider it desirable to report, such information as may from time to time be required by the Minister, and furnish the Minister with as many copies of such reports as the Minister may from time to time require;
- (4) he shall furnish the Minister with one copy of any special report which he may make to the county council."

*(Regulation 15 (5), which is mentioned in the Ministry circular, is applicable to Medical Officers of Health of District Councils).

AREA, POPULATION AND RATEABLE VALUE

The Administrative County of Derby comprises twenty-nine Sanitary Districts, four of which are Municipal Boroughs, sixteen Urban Districts and nine Rural Districts.

The County has an area of 635,456 acres, 98,065 in Municipal Boroughs and Urban Districts and 537,391 in Rural Districts.

The population of the Administrative County as estimated by the Registrar-General at the middle of 1963 was as follows:—

Municipal Boroughs	..	..	140,750
Urban Districts	..	..	231,560
Rural Districts	..	..	393,780
			<hr/>
Total Administrative County..	..		766,090
			<hr/>

The rateable value of the Administrative County for the year 1964/65 for the County Rate purposes is £24,206,914, and a penny rate over the whole County is estimated to produce the sum of £96,695.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS

The main industries which give the people of the county occupation, are coal mining carried on in the East and North-East and a small area in the South-Western portion of the County, and agriculture, particularly in the Western and Central parts of the County. The staple industries in the extreme North-Western area adjoining Lancashire are those connected with the cotton trade, whilst in the South-Eastern area adjoining Nottinghamshire the hosiery and lace trades provide the chief occupation. In this area, too, artificial silk manufacturers absorb an appreciable portion of the population. In the Northern and North-Central areas the chief industries are quarrying, limestone crushing and lime burning, working and dressing millstone grit, and silica brick making. A number of these industries come under the heading of "Refractories Industries", some of which are known to pre-dispose to pulmonary disease. In the extreme South-Western portion of the County, pottery manufacture is one of the prominent industries.

VITAL STATISTICS

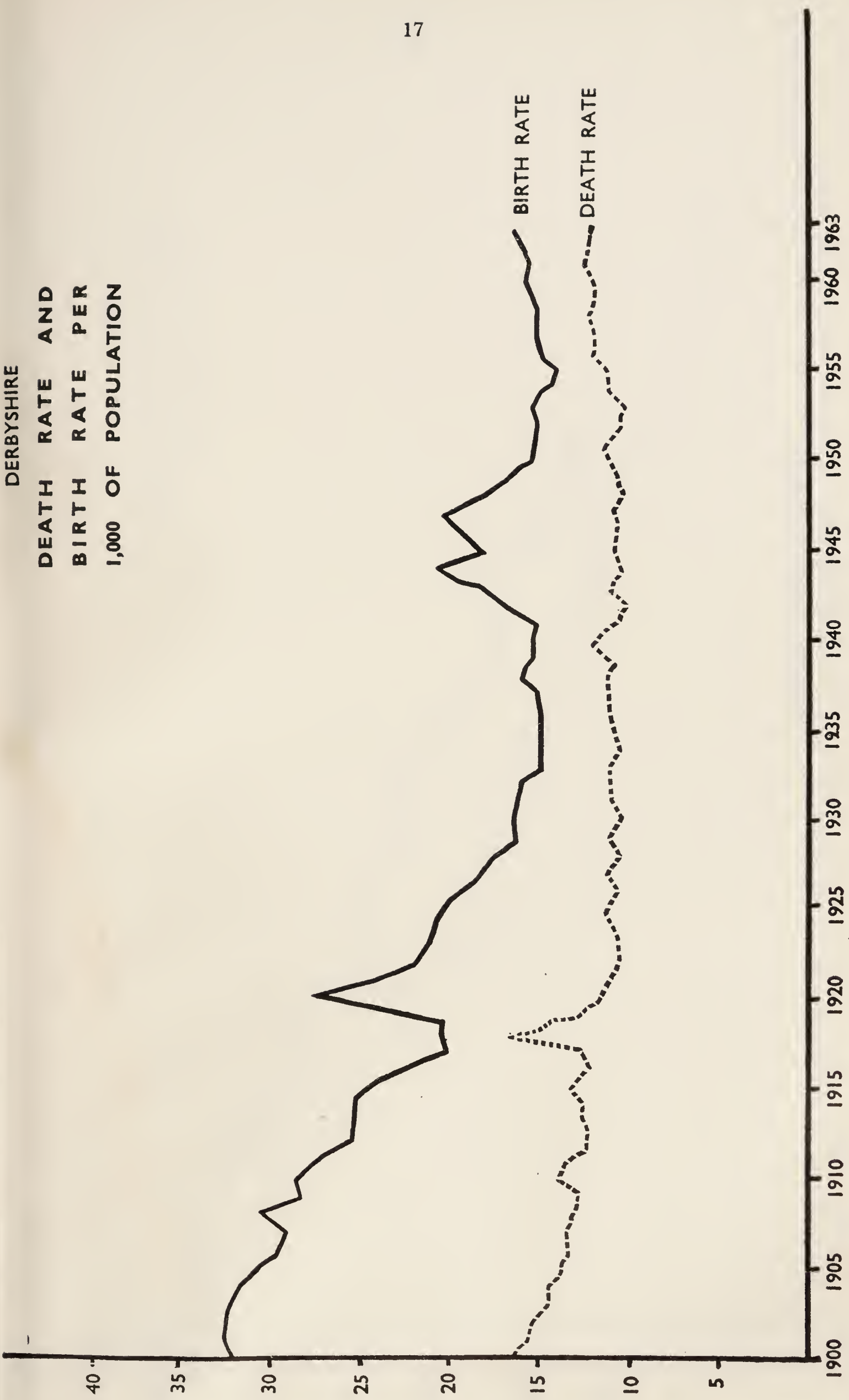
The Ministry of Health has asked for certain vital statistics to be presented in Annual Reports in a uniform manner, in order to facilitate ease of reference. The figures have therefore, been set out below on the lines suggested.

(NOTE: The birth and death rates for each County District and for the County as a whole for the years 1954 and onwards are not strictly comparable with previous years. The reason for this is that to make an approximate allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole, the crude birth and death rates for the areas con-

cerned should be multiplied by an "area comparability factor", which has been provided by the Registrar-General since 1954. Since 1957, the death rate area comparability factors have also been adjusted to take account of the presence of any residential institutions in each area. When the local crude birth and death rates have been so adjusted, they are comparable with the crude rate for England and Wales or with the corresponding adjusted rates for any other area. The comparability factors for the administrative County for the year 1963 are as follows—for births: 0.99; for deaths: 1.13.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Live Births—Legitimate ..	6,457	6,232	12,689
—Illegitimate ..	302	250	552
<i>Total</i>	<u>6,759</u>	<u>6,482</u>	<u>13,241</u>
Live birth rate per 1,000 population .. .. .	..	..	17.11
Illegitimate live births per cent of total live births .. ..	..	..	4.17
Stillbirths—Number .. .. .	..	..	224
—Rate per 1,000 total live and still-births .. .. .	..	..	16.64
Total live- and still-births .. .. .	..	..	13,465
Infant deaths (deaths under one year) .. .. .	..	..	245
Infant mortality rates—			
Total infant deaths per 1,000 total live-births			19.26
Legitimate infant deaths per 1,000 legitimate live-births			18.92
Illegitimate infant deaths per 1,000 illegitimate live-births			27.17
Neo-natal mortality rate (deaths under four weeks per 1,000 total live-births) .. .. .	..	..	12.16
Early neo-natal mortality rate (deaths under one week per 1,000 total live-births) .. .. .	..	..	10.57
Perinatal mortality rate (still-births and deaths under one week combined per 1,000 total live- and still-births) .. .. .	..	..	27.03
Maternal mortality (including abortion)—			
Number of deaths .. .. .	..	..	4
Rate per 1,000 total live- and still-births .. .. .	..	..	0.30
Number of deaths from all causes .. .. .	..	..	8,344
Death rate per 1,000 of the estimated population .. .. .	..	..	12.31
Deaths from Cancer (all ages) .. .. .	..	..	1,364
Death rate from Cancer .. .. .	..	..	2.01

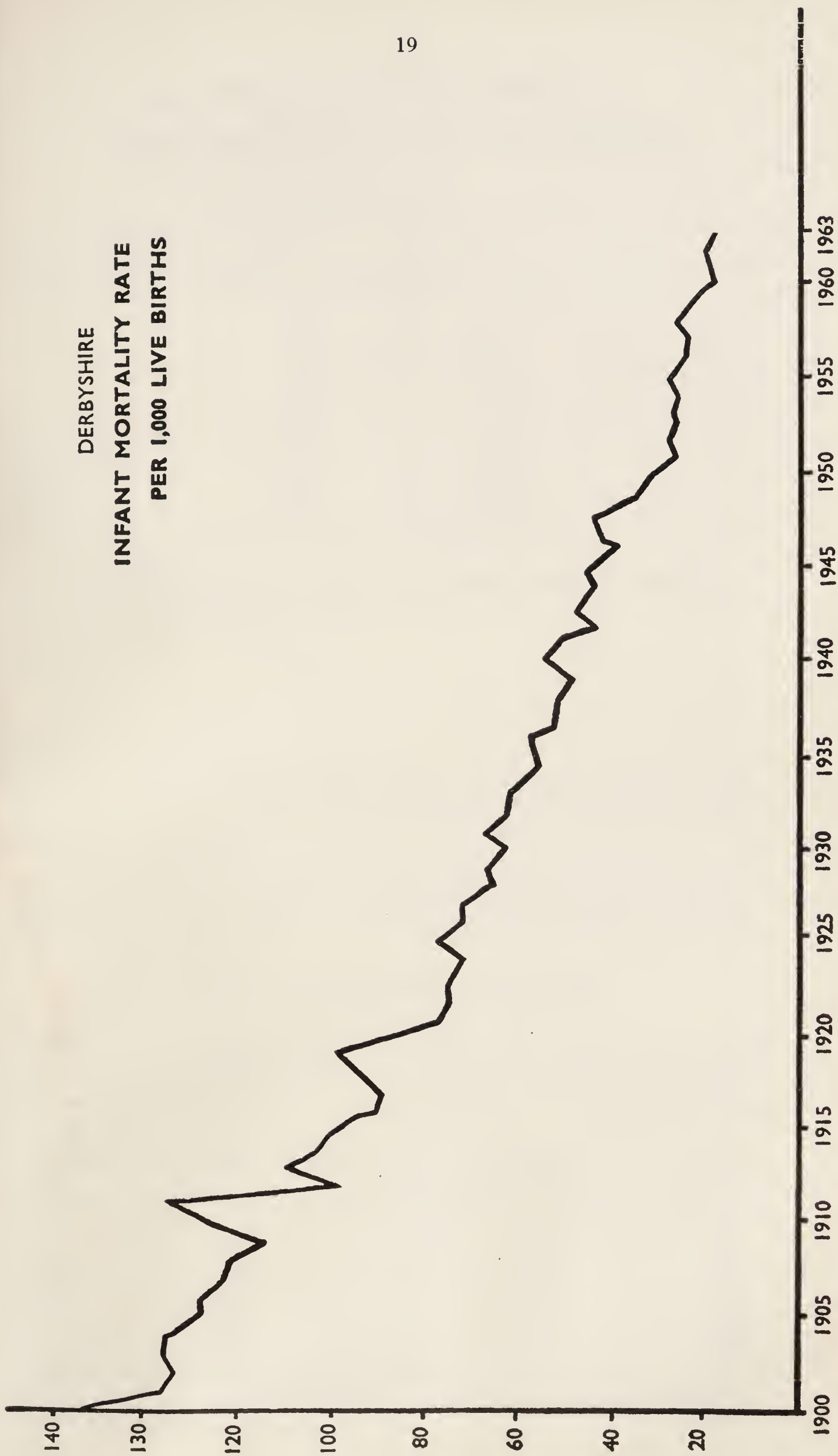
DERBYSHIRE
DEATH RATE AND
BIRTH RATE PER
1,000 OF POPULATION



**DERBYSHIRE
DEATHS FROM CANCER**



DERBYSHIRE
INFANT MORTALITY RATE
PER 1,000 LIVE BIRTHS



INFANT MORTALITY RATE

(Infants dying under one year per thousand live births)

<i>Year</i>		<i>Rate</i>	
1930	61.4
1935	56.6
1940	55.4
1945	44.5
1950	30.19
1955	29.14
1960	19.74
1961	19.93
1962	21.60
1963	19.26*

*The rate for England and Wales in 1963 was 20.9 (provisional).

NEONATAL MORTALITY RATE

Infants dying under four weeks of age (per thousand live births)

<i>Year</i>		<i>Number of Neo-natal Deaths</i>	<i>Rate per 1,000 Live Births</i>
1950	..	188	17.4
1955	..	210	20.3
1960	..	166	13.54
1961	..	179	14.56
1962	..	198	14.95
1963	..	161	12.16*

* The provisional figure for England and Wales is 14.2.

EARLY NEONATAL MORTALITY RATE

(Infants dying under one week per 1,000 live births)

Number of early neonatal deaths 140

Early neonatal mortality rate 10.57

The following table provides an analysis of the causes of death of the 161 children who died during 1963 under four weeks of age, as well as of the 140 children who died under one week of age:—

<i>Causes of Death</i>	<i>Number of Deaths under 4 weeks of age</i>			<i>Number of Deaths under one week</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Congenital malformations ..	9	16	25	7	9	16
Birth accident	10	5	15	9	4	13
Infections	9	2	11	7	1	8
Asphyxia	5	2	7	5	2	7
Prematurity	44	26	70	43	26	69
Congenital malformations and prematurity	5	4	9	4	4	8
Birth accidents & prematurity	5	2	7	5	1	6
Infections and prematurity ..	3	3	6	2	2	4
Haemolytic disease of New- born.. ..	1	4	5	1	3	4
Other	3	3	6	2	3	5
Totals ..	94	67	161	85	55	140

SUMMARY.—From the foregoing pages it can be seen that the infant mortality rate was 19.26 per 1,000, which represents 255 children who died under one year of age (compared with a rate of 20.9 (provisional) for England and Wales).

Of the 255 children, 161 died within four weeks, giving a neonatal death rate of 12.16 per 1,000. The majority of those infants (140) died within the first week, giving an early neonatal mortality rate of 10.57 per 1,000 live-births.

PERINATAL MORTALITY RATE

The perinatal mortality rate (i.e., still-births and deaths under one week combined, per 1,000 live-and still-births) for 1963 was 27.03. (The comparable (provisional) rate for England and Wales was 29.3.)

(The term “perinatal mortality” is used to connote a combination of still-births with deaths occurring during the whole or part of the neo-natal period. It is hoped by this combination to avoid the fallacies which are liable to occur when the still-birth and neo-natal mortality rates are considered separately, as in many cases it is merely a matter of chance whether the foetus dies within the womb, in the birth passage, or immediately following birth. The concept of perinatal mortality, by providing for consideration a period of time covering these events, eliminates the chance effect and may enable a juster estimate to be made of the factors involved in their causation. It has been suggested that probably the most useful combination is still-births plus deaths during the first week).

INSPECTION AND SUPERVISION OF FOOD

MILK SUPPLY

The Milk (Special Designation) Regulations 1960 and 1963.

The Ministry of Agriculture, Food and Fisheries issued new Regulations in September 1963, the effect of which is to re-enact with amendments the Milk (Special Designation) Regulations, 1960. The operative date of the new Regulations is partly September 29th, 1963, but the major part in 1964. In fact, as far as Foods and Drugs authorities are concerned, there have been no practical changes in 1963. Thus, the current licences, expiring at the end of 1965, cover the following four types of dealer:—

- (i) dealer's (Pasteuriser's) licence, required for the operation of a pasteurising establishment;
- (ii) dealer's (Sterilizer's) licence, required for the operation of a sterilizing establishment;
- (iii) dealer's (Tuberculin Tested) licence, required when tuberculin tested milk, in bulk, is obtained for re-sale;
- (iv) dealer's (Pre-packed milk) licence, required when dealing in pre-packed milk of any or all of the three designations.

The Explanatory Note indicating the general purport of these Regulations, reads as follows:—

“These regulations re-enact with amendments the Milk (Special Designation) Regulations 1960. The principal changes are that on and after 1st October 1964—

- (a) “Untreated” replaces “Tuberculin Tested” as the special designation for raw milk (regulations 1 (c) and 4(1));
- (b) The Methylene Blue test replaces the Clot-on-Boiling test as the test for milk to which a producer's licence relates (Schedule 2, Part I, paragraph C.4);
- (c) a general licence is granted to certain producers who sell milk produced from herds owned or controlled by them in the course of catering sales at or from the premises where the herds are maintained: this licence is subject to conditions substantially similar to those applying to other producer's licences, save that the quantity of milk to which the licence applies is restricted to 50 gallons in any one year (regulation 9);
- (d) a producer's licence, granted for a temporary purpose and valid for one month only, is introduced (proviso to regulation 8).

From 29th September 1963 until 31st December 1964, a person holding the appropriate licence may use the words “Tuberculin Tested Milk (Pasteurised)” as an alternative to the words “Pasteurised Milk” in relation to milk which has been pasteurised in accordance with the regulations (regulations 1(a) and 4(2) and Schedule 2, Part II, paragraph 6(3)).

From 1st October 1964 until 31st December 1964 milk may be labelled as "Tuberculin Tested Milk" if the conditions applicable to the use of the special designation "Untreated" are otherwise satisfied (regulations 1(c) and 19(2))."

Pasteurising Plants.

Eight licensed plants continued to operate during the year, all equipped with the high temperature short time process, as follows:—

<i>Name</i>	<i>Address of Establishment</i>
Gisborne Dairy Ltd.	Manchester Rd., Chapel-en-le-Frith
S. Hutchings & Sons Ltd.	Derby Road, Long Eaton
Ilkeston Co-op Society Ltd.	Derby Road, Ilkeston
Long Eaton Co-op Society Ltd.	Meadow Lane, Long Eaton
R. B. Morten & Sons	The Creamery, Green Lane, Buxton
Pleasley Co-op Society Ltd.	Pleasley
Ripley Co-op Society Ltd.	Nottingham Road, Ripley
Wilts United Dairies Ltd.	Egginton, Derby

The total amount of milk being pasteurised in the area of the Foods and Drugs authority is now running at about 17,000 gals. per day, whereas the consumption of milk for the population in the area must be of the order of 63,000 gals. per day. It will be seen, therefore, that by far most of the milk consumed in the area is processed elsewhere.

The largest individual output from one plant is around 5,000 gals. per day, which could be classed as of medium size these days. As the major dairies distribute their milk in ever widening circles their responsibility to the public is correspondingly greater.

Sterilizing Plant.

This year saw the licensing of the first sterilization plant to be operated within the County area. This was in February and was installed by Ilkeston Co-operative Society Limited. After early "teething" troubles it has given excellent service and results. Milk sterilization is effected by the orthodox tunnel method but one unique feature of this particular plant is the provision of an ultra-high temperature section in the milk-heating line. In this, milk is brought up to 275°F and held there for two seconds. The effect is to enable the holding time of the bottled milk in the heating tunnel to be reduced to the minimum. Thus a white, almost natural tasting milk is obtained as the end product. An old bakery was utilised for the premises and the conversion has been most satisfactory.

Routine inspections of all establishments have been carried out by the County Health Inspector, and although generally speaking, little is found to criticize these days, occasional faults, technical and otherwise, make these inspections necessary and well worth while.

The sampling figures for the year are set out below:—

Grade of Milk	Satisfactory		Unsatisfactory		Total number of samples submitted
	M.B.	Phos.	M.B.	Phos.	
Tuberculin Tested (Pasteurised)	123	130	—	1	131
Pasteurised	95	103	1	—	103

Note—(a) M.B.—Methylene Blue Test; Phos.—Phosphatase Test.

(b) Eight samples of Tuberculin Tested (Pasteurised) Milk and seven samples of Pasteurised Milk were not subjected to the Methylene Blue Test as the atmospheric shade temperature exceeded 70°F. at the time of testing.

The phosphatase test failure occurred from a plant which had not previously had a failure. The sample was taken on a Monday and it transpired that when washing down was carried out the previous day—Sunday—a small flow control valve had not been replaced. This, coupled with a suspected electrical fault in the milk diversion system, was the cause of the failure. It is certainly much more satisfying when there is sufficient evidence to pin-point the causes of failures. Not so with the other failure this year. This was of the methylene blue test and the only information available was that the bottle of milk in question may have been returned from a “round” and kept in the cold store until the following day, when it was taken for sampling.

Milk Dealers.

There has been no significant change in the total number of licensed dealers. The figures are as follows:

	<i>As at 1.1.63</i>	<i>As at 31.12.63</i>
Dealers (Tuberculin Tested)		
Licences	27	25
Dealers (Pre-packed Milk)		
Licences	969	978

As 17 of the Tuberculin Tested milk dealers are also licensed to sell pre-packed milk, the effective number of dealers is, in fact, 986 as against 979 at the beginning of the year.

As with pasteurisers, there is a tendency for the ordinary milkman selling in populated areas to give ground gradually to the big dairy companies with retail rounds. It is noticeable that few young men venture into the business and as old ones retire their rounds are usually taken over by their wholesalers. Shop licences, however, increase steadily. Although sales of milk from shops are generally frowned on by milk distributors, for obvious reasons, there is apparently never any difficulty in shopkeepers finding suppliers. From a licensing point of view, the main criticism to be levelled at shop trading is that pasteurised

milk is too often kept from one day to another and not all shops have refrigerators yet. Little can be said against sales of sterilized milk from shops—furthermore, customers sometimes prefer this type of milk. As a point of interest, the areas of the County in which sterilized milk is popular are Glossop and Ilkeston, with a sprinkling throughout the populated eastern districts as far north as the Sheffield boundary.

Vending machines have not been popular in this County. Only four are licensed; another one known is operated by a producer-retailer; and there may be one or two in factory canteens.

Sales of bottled raw T.T. milk are spread all over the area, being more deeply entrenched in country towns, such as Ashbourne and Bakewell. In other country districts raw milk has been replaced with pasteurised simply because producers will not now undertake the tasks involved in bottling supplies. From a public health point of view pasteurisation of all drinking milk supplies is certainly desirable, but the end of raw milk retailing is not yet in sight.

The standard of vans and milk stores in which milk is kept is now better and of near uniformity. As with pasteurising plants, however, experience has shown that regular visits and inspections are necessary if these standards are to be maintained. The usual shortcomings are neglect to put bottled milk into milk stores, before and after retail delivery, and the carrying forward of unsold milk, including raw milk, from one day to another. Where retailers receive milk from their wholesalers on the day of retail sale, every effort is made to see that the milk is put on stands, off the ground. This at least prevents contamination of the outsides of the bottles from animals, and also dirt splashings from heavy rain. Bottles are not infrequently splashed by road spray whilst in transit by lorry and wholesalers should take all possible steps to avoid this. It can be done by adequate covering.

A total of 950 inspections were made of premises. Dealers handling larger quantities of milk and raw milk bottlers are visited frequently.

Informal action resulted in improvements being effected as follows:

(i) Provision of milk store	..	..	..	2
(ii) (a) Improvement of existing milk store	..	..	2	
(b) Improvement of milk storage	..	..	16	
(iii) Decoration, cleanliness, etc., of milk stores	..	..	8	
(iv) Improvement of cleanliness of vehicles	..	..	1	
(v) Name and address required on vehicles	..	..	29	

Sampling continued on lines already established and found to be successful, i.e., priority being given to raw milk dealers, followed by dealers selling bigger gallonages of milk, and then other dealers and finally shopkeepers, the overall aim being to sample milk from differing *sources* as frequently as possible and avoid duplication of sampling milk from the same sources too much on the same days.

An analysis of all samples taken during the year shows that 887 out of 2,023 came from two major dairy groups distributing milk in the

County area, from seven separate establishments. Four other separate dairies supplied 314 samples. In all, milk was obtained from 153 sources.

The table below shows the year's figures. As previously, it includes for statistical purposes, samples taken from producer-retailers for biological examination.

Grade of Milk	Satisfactory		Unsatisfactory		Total number of samples submitted
	M.B.	Phos.	M.B.	Phos.	
Heat Treated					
Pasteurised	*503	528	6	2	530
Tuberculin Tested (Pasteurised)	*581	604	9	1	605
	*36 Samples not tested for Methylene Blue as shade temperature exceeded 70°F.				
	Turbidity				
	Satisfactory		Unsatisfactory		
Sterilized	202		—		202
	Methylene Blue				
	Satisfactory		Unsatisfactory		
Raw Tuberculin Tested ..	*169		13		188

* Six Samples not tested for Methylene Blue as shade temperature exceeded 70°F.

The number of sample failures for Pasteurised Milk—15 Methylene Blue and 3 Phosphatase—can be regarded as reasonable. The 17 methylene blue failures from raw Tuberculin Tested milk are a slight improvement on last year—9.1% as against 11.5% in 1962. However, this is still much higher than the 1.4% for the pasteurised milks. It is unlikely ever to be equal in view of the different keeping quality potential of the two types of milk. It emphasizes one of the advantages of buying a heat treated milk. As now seems the regular pattern, there were two peaks, one in April when milk samples are still being held overnight in a 65°F waterbath at the laboratory and the other in July when the atmospheric temperature was in the sixties. 5 of the failures were from shopkeepers and 12 from ordinary dealers.

With regard to the 3 phosphatase test failures, two originated in plants outside the County and no reason could be found for the other within the County.

One effect of the provisions of the new Milk Regulations in connection with sampling, was seen towards the end of the year, when the designation "Tuberculin Tested" was abolished, although its final disappearance was postponed until the end of 1964. Processors were quick to use the designation "Tuberculin Tested (Pasteurised)" for most of the milk bottled and discontinued the "Pasteurised" grade. This was clearly to avoid consumer criticisms, although eventually the words "Tuberculin Tested" will no longer be allowed.

About the same time many consumers in the County were offered a new type of milk—"Tuberculin Tested (Pasteurised) (Homogenised)". The fact that this milk was dearer, coupled with a complete lack of cream line, ensured its unpopularity and, in fact, present sales are marginal. The keeping quality of this type of milk has yet to be tried under hot summer conditions, for the 1963 summer was not very warm.

No sample of milk was found infected with tuberculosis or brucella abortus in 1963.

Where Brucella infection is found the result is notified to the Producer, to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, and also to the Medical Officer of Health of the district where the milk was produced. The last has powers, under the Milk and Dairies (General) Regulations, 1959, to place restrictions upon the sale of such milk for human consumption.

A chemical check is made from time to time for the presence of chlorates in milk samples. Chlorates are present as an indicator in all permitted hypochlorite sterilizing solutions. If any of the sterilizing solution were left in the milk containers, its presence would be difficult to assess but the "chlorate tracer" is relatively easy to find. 32 such samples were tested and all found free from chlorates.

Specified Areas

The whole of the County is included in "Specified Areas". This means that all milk sold therein must be of one of the designations laid down, i.e. "Tuberculin Tested", "Pasteurised" or "Sterilized".

FLUORIDATION OF PUBLIC WATER SUPPLIES

The following report was submitted by the Chairman of the County Health Committee to the County Council in November, 1963:—

"A conference of representatives of County District Councils was held at Matlock on 18th July, 1963, to discuss the fluoridation of water supplies. Although your Committee are not bound formally to consult with County District Councils, it was considered desirable by the Committee as the subject closely affects the individual. The views of the District Councils have been sought and, of the 29 District Councils in

the County, 21 Councils (representing 594,000 population) are for fluoridation, 7 (representing 128,000 population) are against, and one (representing 35,000 population) has not taken a decision on the matter.

Discussions have taken place with officers of the South Derbyshire Water Board as to the fluoridation of water supplies drawn from the aqueduct of the Derwent Valley Water Board. The most economical method of inserting fluoride would be at the source—Bamford. An approach to the Derwent Valley Water Board on those lines would need the concurrence of the City of Leicester, the City of Nottingham, Derby Corporation, together with Nottinghamshire County Council and Leicestershire County Council. All these authorities had approved fluoridation in principle, except the City of Nottingham. Hence it may be impossible to insert the fluoride at Bamford, but it may be practicable to insert it at Ambergate, below the junction of the branch aqueduct to Nottingham City. Your Committee have therefore authorised the Clerk to continue negotiations with Derby Corporation and Leicester City with a view to a joint approach to the South Derbyshire Water Board and the Derwent Valley Water Board.”

Perhaps in this connection it would not be out of place to bear in mind the comments of Sir George Godber, the Chief Medical Officer of the Ministry of Health, in his Annual Report for 1962:—

“This action is still too frequently obstructed by allegations of risks to health, despite the overwhelming evidence that no such risk exists at the level of fluoridation recommended. There may be other ways in which dental caries could be reduced but there are none which could produce such a widespread and general improvement in the dental health of children.”

COUNTY DISTRICT COUNCILS' AREAS

LOCAL GOVERNMENT ACT, 1958.

Delegation of Functions.

Under the provisions of Section 46 of the Local Government Act, 1958, the councils of any borough or urban district with a population of 60,000 or more became entitled to make a scheme for the delegation of certain health and welfare functions; further, county district councils not automatically entitled to make a delegation scheme could apply to the Minister of Health for his consent to do so and the Minister would consult the County Council on the application.

The functions to be included in a delegation scheme, insofar as the County Council's Health Services are concerned, are as follows:—

- (a) Under Part III of the National Health Service Act, 1946 (as amended by the Mental Health Act, 1959)—health centres; care of mothers and young children; midwifery; health visiting; home nursing; vaccination and immunisation; prevention of

illness and after-care (apart from the care or after-care in residential accommodation of persons suffering from mental illness); and domestic help.

- (b) The registration and regulation of private day nurseries and child minders (under the Nurseries and Child Minders' (Regulation) Act, 1948).

The only county district council in the administrative county of Derbyshire entitled automatically to delegation was the Municipal Borough of Chesterfield, and "The Chesterfield Health and Welfare Services Delegation Scheme, 1960" came into operation on 1st November, 1960. A copy of this Scheme formed Appendix I to my Annual Report for 1960.

Three other district councils (Blackwell, Chesterfield, and South-East Derbyshire Rural District Councils) applied to the Minister for consent to make delegation schemes, but after considering the factors mentioned in their applications, as well as the County Council's observations, the Minister informed them that he was unable to consent to their applications.

The Chesterfield Borough Council also applied to the Minister for the delegation of the County Council's functions under Section 28 of the National Health Service Act (as amended by the Mental Health Act, 1959) so far as they relate to the care or after-care in residential accommodation of persons suffering from mental illness. The Minister can give his consent to the inclusion of these additional functions in a scheme of delegation only if he is satisfied after consultation with the County Council that there are "exceptional circumstances" justifying exercise of the functions by the borough council. The Minister came to the conclusion that no exceptional circumstances exist in the Borough of Chesterfield to justify the delegation of these additional functions.

It is open to the borough and district councils to apply again for the Minister's consent in 1968, or at an earlier date if the area of the borough or rural district is altered or their circumstances are otherwise affected by an order of the Minister of Housing and Local Government made in pursuance of a review by the Local Government Commission for England or by the County Council under the provisions of Section 28 of the Local Government Act, 1958.

LOCAL GOVERNMENT ACT, 1933 (SECTION 111).

The County Council's Scheme under Section 111 of the Local Government Act, 1933, for the appointment of District Medical Officers of Health who are restricted from engaging in private practice, which was made after consultations with the District Councils, involves the division of the County into ten groups. In many instances arrangements have been made whereby the District Medical Officer of Health also serves the County Council as an Assistant County Medical Officer/School Medical Officer. The Table on page 32 shows the position as at 31st December, 1963.

COUNTY OF DERBY. Year

TABLE GIVING BIRTH RATES AND DEATHS FROM ALL CAUSES,

SANITARY DISTRICTS	MEDICAL OFFICER OF HEALTH	Area in Acres (Land and Water).	POP
			Census 1931
(URBAN)			
ALFRETON	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,176	22,262
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	1,070	4,708
BAKEWELL	C. W. Evans, M.R.C.S., L.R.C.P. ..	3,061	3,028
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,294	14,205
BOLSOVER	A. R. Robertson, M.B., Ch.B., D.P.H.	4,526	9,808
BUXTON (Borough)	F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H.	6,337	16,884
CHESTERFIELD (Borough)	H. Bailey, M.B., Ch.B., D.P.H. ..	8,472	64,160
CLAY CROSS	D. P. Adams, M.B., Ch.B., D.P.H. ..	2,349	8,781
DRONFIELD	D. P. Adams, M.B., Ch.B., D.P.H. ..	3,452	6,388
GLOSSOP (Borough)	M. Sutcliffe, M.A., M.B., B.Ch., D.P.H.	3,323	20,001
HEANOR	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	4,417	22,482
ILKESTON (Borough)	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	3,017	33,164
LONG EATON	C. G. Woolgrove, M.B., Ch.B., D.P.H.	3,559	23,321
MATLOCK	G. L. Meachim, M.B., Ch.B. ..	16,599	16,596
NEW MILLS	M. Sutcliffe, M.A., M.B., B.Ch., D.P.H.	5,244	8,626
RIPLEY	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,415	17,713
STAVELEY	D. P. Adams, M.B., Ch.B., D.P.H. ..	6,504	17,845
SWADLINCOTE	M. Allan, M.B., Ch.B., D.P.H. ..	3,755	20,604
WHALEY BRIDGE	F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H.	3,479	4,860
WIRKSWORTH	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,016	4,855
TOTALS OF URBAN DISTRICTS ..		98,065	340,291
(RURAL)			
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	86,188	11,661
BAKEWELL	H. G. Watson, M.B., Ch.B. ..	85,643	19,272
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	48,074	23,106
BLACKWELL	A. R. Robertson, M.B., Ch.B., D.P.H.	21,668	44,689
CHAPEL-EN-LE-FRITH	F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H.	103,393	18,449
CHESTERFIELD	D. P. Adams, M.B., Ch.B., D.P.H. ..	69,139	64,968
CLOWNE	A. R. Robertson, M.B., Ch.B., D.P.H.	13,429	17,720
REPTON	M. Allan, M.B., Ch.B., D.P.H. ..	65,653	26,438
S.E. DERBYSHIRE	C. G. Woolgrove, M.B., Ch.B., D.P.H.	44,204	41,097
TOTALS OF RURAL DISTRICTS ..		537,391	267,400
TOTALS OF URBAN DISTRICTS ..		98,065	340,291
TOTALS OF WHOLE COUNTY		635,456	607,691

* Adjusted to make allowance for sex and

Ended 31st December, 1963.

IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

ULATION			Births (Live)	Deaths	Rate per 1,000 of Estimated Population*		Infant Death Rate per 1,000 Births	Comparability Factors	
Census 1951	Census 1961 (Prov- isional)	Esti- mated Mid- 1963			Birth Rate	Death Rate		for Births	for Deaths
23,385	22,998	23,020	352	257	16.21	12.73	14.20	1.06	1.14
5,439	5,656	5,660	91	88	17.68	13.22	10.99	1.10	0.85
3,356	3,603	3,900	49	84	14.08	9.48	—	1.12	0.44
15,714	15,563	15,630	210	208	14.24	9.71	23.81	1.06	0.73
10,817	11,770	11,840	208	110	16.69	12.82	28.84	0.95	1.38
19,568	19,236	19,400	336	282	18.19	13.67	17.85	1.05	0.94
68,558	67,833	68,230	1,108	878	16.56	13.00	20.75	1.02	1.01
8,553	9,173	9,320	156	101	17.57	12.78	38.46	1.05	1.18
7,627	11,294	12,740	302	86	17.78	9.52	9.93	0.75	1.41
18,004	17,490	18,070	335	277	20.76	14.10	11.94	1.12	0.92
24,406	23,867	24,290	385	259	16.64	12.37	20.78	1.05	1.16
33,677	34,672	35,050	563	371	16.23	13.02	19.54	1.01	1.23
28,641	30,464	31,380	571	302	18.02	10.78	24.51	0.99	1.12
17,756	18,486	19,210	299	187	15.72	10.22	16.72	1.01	1.05
8,475	8,510	8,710	166	114	20.39	13.22	24.10	1.07	1.01
18,192	17,601	17,760	262	198	15.78	11.82	11.45	1.07	1.06
17,945	18,071	18,280	358	191	19.78	12.96	11.17	1.01	1.24
20,907	19,222	19,500	281	219	15.42	12.69	14.23	1.07	1.13
5,365	5,293	5,290	82	74	17.98	13.85	24.39	1.16	0.99
4,893	4,930	5,030	89	58	17.52	13.49	33.70	0.99	1.17
361,278	365,732	372,310	6,203	4,344	16.99	12.60	18.86	1.02	1.08
12,019	11,219	11,390	173	129	17.01	11.89	11.56	1.12	1.05
19,282	18,599	18,590	297	235	17.41	11.75	10.10	1.09	0.93
28,193	33,711	36,060	638	392	17.52	11.52	14.11	0.99	1.06
43,112	43,800	44,280	802	451	18.11	12.73	29.92	1.00	1.25
19,006	18,366	18,100	289	268	17.72	13.47	20.76	1.11	0.91
75,745	100,851	104,130	1,798	931	16.58	12.34	23.91	0.96	1.38
19,072	19,769	19,990	358	205	18.27	12.21	25.14	1.02	1.19
31,570	37,579	39,800	674	429	16.43	11.54	7.41	0.97	1.07
75,893	95,597	101,440	2,009	960	17.23	11.92	18.42	0.87	1.26
323,892	379,491	393,780	7,038	4,000	17.16	12.09	19.60	0.96	1.19
361,278	365,732	372,310	6,203	4,344	16.99	12.60	18.86	1.02	1.08
685,170	745,223	766,090	13,241	8,344	17.11	12.31	19.26	0.99	1.13

age distribution of population, etc.—see remarks on pages 15 & 16.

Area No.	County Districts	Population	Whether Section 111 scheme is operative	Proportion of time of Medical Officer devoted to	
				District Council work	County Council work
1	Clay Cross Urban ..	9,320	Yes	Whole-time	None
	Dronfield Urban ..	12,740			
	Staveley Urban ..	18,280			
	Chesterfield Rural ..	104,130			
		144,470			
2	Bolsover Urban ..	11,840	Yes	8/11ths.	3/11ths.*
	Blackwell Rural ..	44,280			
	Clowne Rural ..	19,990			
		76,110			
3	Glossop Borough ..	18,070	Yes	9/22nds.	13/22nds*
	New Mills Urban ..	8,710			
		26,780			
4	Buxton Borough ..	19,400	Yes	7/11ths.	4/11ths.*
	Whaley Bridge Urban	5,290			
	Chapel-en-le-Frith Rural ..	18,100			
		42,790			
5	Bakewell Urban ..	3,900	No	Part-time.	None
	Matlock Urban ..	19,210			
	Bakewell Rural ..	18,590			
		41,700			
6	Long Eaton Urban ..	31,380	Yes	7/11ths.	4/11ths*
	S.E. Derbyshire Rural	101,440			
		132,820			
7	Swadlincote Urban ..	19,500	Yes	8/11ths	3/11ths*
	Repton Rural ..	39,800			
		59,300			
8	Ilkeston Borough ..	35,050	Yes	8/11ths	3/11ths*
	Alfreton Urban ..	23,020			
	Heanor Urban ..	24,290			
	Ripley Urban ..	17,760			
		100,120			
9	Ashbourne Urban ..	5,660	Yes	6/11ths	5/11ths*
	Belper Urban ..	15,630			
	Wirksworth Urban ..	5,030			
	Ashbourne Rural ..	11,390			
	Belper Rural ..	36,060			
		73,770			
10	Chesterfield Borough	68,230	Yes	52%	48% [†]

*Indicates that the Medical Officer of Health also acts as an Assistant County Medical Officer/School Medical Officer.

†The Medical Officer of Health is also the Medical Officer for the purposes of "The Chesterfield Health and Welfare Services Delegation Scheme 1960", as well as the School Medical Officer for the Borough.

GENERAL SANITARY ADMINISTRATION

Estimated Number of Houses:—

Municipal Boroughs and Urban Districts	..	..	..	125,697
Rural Districts	..	..	..	128,434

	<i>Municipal Boroughs and Urban Districts</i>		<i>Rural Districts</i>	
	<i>No. on Register</i>	<i>In-spections made</i>	<i>No. on Register</i>	<i>In-spections made</i>
Bakehouses	138	637	40	82
Canal Boats	—	—	—	—
Common Lodging Houses ..	3	71	—	—
Dairies	50	244	7	20
Factories and Workplaces ..	1,944	2,144	934	672
Houses Let in Lodgings ..	14	49	—	—
Ice Cream Premises—				
(a) Manufacturers ..	21	123	12	44
(b) Dealers	1,593	1,103	1,281	396
Market Stalls	558	3,506	26	511
Milk Distributors	448	368	317	73
Moveable Dwelling Sites ..	63	343	243	527
Offensive Trades	14	35	1	50
Outworkers	469	119	289	216
Preserved Food Stores ..	505	1,523	226	280
Shops	5,270	4,649	3,033	1,382
Slaughterhouses—				
(a) Public Abattoirs ..	1	754	—	—
(b) Private	54	8,903	52	8,021
Knackers Yards	3	32	7	35

Water Supplies.

There has been no meeting of the Rural Water Supplies and Sewerage Act Sub-Committee in 1963, but some schemes were awaiting consideration at the end of the year. One matter of interest during the year was that, in connection with financial assistance under the Rural Water Supplies and Sewerage Acts, 1944/61, the County Council decided that:—

- (a) with effect from 1st April, 1964, District Councils be paid a grant equal to that paid by the Minister, provided that the County

Council's contribution does not exceed one third of the gross cost of the scheme, and

- (b) in future, Water Boards be paid a nominal grant not exceeding £10 for each new scheme submitted.

A Water Company serves part of south Derbyshire, and just before the end of the year the North Derbyshire Water Board was formed which serves most of the north of the County. Throughout the year most of the southern part of the County was served by the South Derbyshire Water Board, and a report from Mr. I. G. Edwards, B.Sc., M.I.C.E., M.I.W.E., their Engineer and General Manager, is set out below:—

		<i>No. of Houses</i>	<i>Estimated Population Involved</i>
“			
No. of Houses connected to mains	..	110,810	343,511
No. of Houses supplied from standpipes on mains	.. .. .	—	—
No. of Houses not supplied from standpipes or mains	.. .. .	1,875	5,812
No. of connections made during year:—			
(a) existing houses	.. .. .	21	65
(b) new houses	.. .. .	617	1,913
(c) other premises	.. .. .	105	—

Works which might be specially mentioned, carried out by the Board during the year, in addition to the normal extension of distribution mains, were as follows:—

Continuation of the construction of the new service reservoir (10,000,000 gallons), together with associated mains and pumping plant.

The covering of the open service reservoirs at the High Level Works, Breadsall was completed.

The first phase of the scheme to improve supplies in the Ticknall/Woodville area was completed and included the provision of 6" and 9" diameter mains and pumping plant.

The service reservoir at Manystones Lane, Brassington (250,000 gallons) was put into operation.

A new service reservoir at Breamfield Lane, Wirksworth (750,000 gallons) for use in a scheme to reinforce supplies to Wirksworth, Middleton and the northern parts of the Ashbourne Rural District was commenced towards the end of the year.

Three new booster stations were put into use in the Matlock area during the year.”

Sewerage and Sewage Disposal.

There has been no meeting of the Rural Water Supplies and Sewerage Act Sub-Committee in 1963, but some schemes were awaiting consideration at the end of the year.

Information is given below of the position in the County with regard to sewerage and sewage disposal. Boroughs and Urban Districts have 98.5% of their houses connected to sewers, whilst Rural Districts have a corresponding figure of 92.8%.

	<i>Municipal Boroughs and Urban Districts</i>		<i>Rural Districts</i>	
		<i>Estimated Popu- lation Involved</i>		<i>Estimated Popu- lation Involved</i>
No. of Houses :				
(a) connected to sewers	123,899	367,805	117,182	362,286
(b) not connected to sewers	1,579	4,505	10,799	31,494
No. of connections made during year :				
(i) existing houses	341		1,634	
(ii) new houses	2,263		1,481	
(iii) other premises	48		57	
No. of conversions of other closets to W.C.s	424		171	

Some notes follow of improvements made, or in progress in the various districts.

Alfreton U.D. Stage II (Swanwick area) of the comprehensive scheme was commenced in May. A new disposal works is being built. Approximately half a mile of an 18" pressure main and 500 yards of 18" sewer have been laid in the Swanwick area. Total cost will be about £164,000. The relaying of the defective outfall sewer to Highfields Works was completed, also sewer extensions on the Firs Estate.

Chesterfield Borough Work on Stage I of the extensions to the sewage works was started in June.

Clay Cross U.D. Extensions to housing site at Cemetery Road.

Glossop Borough The new sewerage works were brought into operation on 13th January. Sewer extensions to new estates at Newshaw Lane, Simmondley New Road and Hadfield Road.

Heanor U.D. 550 yards of main sewer relaid in Bailey Brook area. Extensions of sewers at Jessop Street and at West Hill, Codnor.

Long Eaton U.D. Major sewage works extensions completed during year at a cost of £300,000.

Matlock U.D. The Darley Dale scheme was virtually completed during the year; all pumping stations were in operation by September. The sewerage of the Oker and Snitterton areas was commenced.

Wirksworth U.D. Improvements made to flow measuring equipment at sewage works.

Ashbourne R.D. Schemes for Marston Montgomery and Thorpe completed.

Belper R.D. The scheme for Turnditch and Idridgehay completed. Mackworth and Shottle Gate schemes nearly completed at the end of the year. Duffield sewerage system improvements commenced and contract placed for 15" relief outfall sewer. Sewer extension at Lea Lane, Coxbench completed. Improvements to existing sewage works at Duffield, Fritchley and Whatstandwell carried out.

Chapel R.D. Work commenced on modernization of Bridgeholme Green sewage works, Chapel-en-le-Frith.

Chesterfield R.D. Works completed:—Northern area scheme (Stage II); Heath sewerage scheme.
Work in progress:—Wadshelf sewerage scheme; Beighton sewerage scheme (Stage II).

Repton R.D. Bretby, Dalbury Lees and Boundary (Woodville) schemes were completed.

S.E. Derbyshire R.D. The major sewerage scheme at Alvaston was completed. Sewer extensions were carried out to various housing estates, etc.

Housing

The following table shows that a total of 11,415 houses have been declared unfit from 1955 to the end of 1963, and of these 8,307 have been either demolished or closed; a further 897 properties have therefore been dealt with during the year but there are still some 3,108 awaiting action.

There has been an increase in the number of Improvement Grants made but this is due entirely to the additional "standard" grants— 1,773 as against 1,381 in 1962.

SLUM CLEARANCE

	<i>Municipal Boroughs and Urban Districts</i>	<i>Rural Districts</i>
Estimated No. of houses declared unfit, 1955-1963	6,047	5,368
Total No. of houses demolished or closed 1955 to 31/12/1963	4,501	3,806
During 1963:—		
Houses demolished :—		
(a) in Clearance Areas	199	226
(b) not in Clearance Areas	257	107
Unfit houses closed	57	51
Unfit houses made fit and houses in which defects were remedied	2,783	758
Unfit houses in temporary use	9	16
Houses in Clearance Areas purchased	16	21

IMPROVEMENT GRANTS

	<i>No. approved for conversion or improvement (Housing Act 1958)</i>	<i>No. approved for improvement (Housing Act 1959) ('standard grants')</i>
Municipal Boroughs and Urban Districts	166	1,030
Rural Districts	244	743

NEW HOUSING

	<i>No. of new dwellings completed during 1963</i>	
	<i>by local authorities</i>	<i>by private enter- prise</i>
Municipal Boroughs & Urban Districts ..	1,218	1,175
Rural Districts	624	1,077

Swimming Baths.

The following Table shows the number of swimming baths in the County, and the results of the investigations of the samples taken.

	<i>No. of Baths</i>		<i>Samples taken</i>	
	<i>Public</i>	<i>Private (Open to Public)</i>	<i>Satisfactory</i>	<i>Un- satisfactory</i>
Municipal Boroughs & Urban Districts	12	5	134	32
Rural Districts	2	2	4	—

Refuse Collection and Disposal

The use of paper sacks in place of metal bins is an innovation. One larger rural authority tried an experimental scheme but generally speaking the idea seems to have been shelved. Mechanical disposal schemes are being considered by the two rural authorities, but the disposal of the disposable has its own problems! The table below gives the details of collection and disposal.

	Collection		Disposal		
	Direct Labour	Contract	No. of Controlled Tips	No. of Un-controlled Tips	In-cinerators
Municipal Boroughs & Urban Districts	20	—	19	3	2
Rural Districts	9	—	29	7	—

Meat Inspection.

From information which has been provided by the District Councils, it appears the following animals were killed and inspected during the year :—

	Municipal Boroughs and Urban Districts	Rural Districts
	Number killed and Inspected	Number killed and Inspected
Cattle, excluding cows ..	20,916	16,455
Cows	14,907	10,712
Calves	1,124	628
Sheep and Lambs	81,374	47,181
Pigs	47,508	33,066
Horses	—	—

Moveable Dwellings

The table below shows that there has been a considerable increase in the number of vans on both holiday and residential sites, 123 and 133 respectively.

		<i>Licensed Caravan Sites</i>				<i>Individual Licensed Vans</i>
		<i>Holiday</i>		<i>Residential</i>		
		<i>Sites</i>	<i>Vans</i>	<i>Sites</i>	<i>Vans</i>	
Municipal Boroughs and Urban Districts	..	13	200	44	436	37
Rural Districts	.. ..	85	607	121	659	128

At Buxton the site proprietor appealed against certain conditions contained in a licence—granted to him by the Buxton Corporation. The matter came before the Court by virtue of Section 7 of the Caravan Sites and Control of Development Act, 1960. The appellant was aggrieved in respect of the following conditions specified by the Council:

(1) Each caravan standing shall be provided with at least 30 sq. ft. of covered storage space. The structure shall be separate from the caravans they serve and not less than 15 ft. from any other caravan. (2) Every caravan stationed on the land shall be not less than 15 ft. from any other caravan so stationed or covered storage space provided in accordance with these conditions and not less than 10 ft. from the carriageway of a road provided in compliance with these conditions. At the hearing the Court decided that the conditions contained in the licence were unduly burdensome, and they were subsequently amended.

At Wirksworth, a local enquiry against an enforcement notice served under the Caravan Sites and Control of Development Act, 1960, was held on the 3rd July, 1963 and in his Report the Inspector came to the conclusion that the Enforcement Notice should stand as the Site was lacking in services and communal facilities and the use as a Caravan Site would detract from the character of the area. He recommended that the Appeal be dismissed. The Minister agreed with his Inspector's conclusions and recommendations and accordingly dismissed the Appeal and upheld the Enforcement Notice. The Site has now been cleared.

In Ashbourne R.D., an owner appealed to the Magistrates on the question of the conditions attached to the licence which had been based on the model standard. The Court deleted the provisions relating to provision of a bath or shower and hot water to wash basins.

Work was completed on the Peak Park Planning Board Site at Losehill Hall, Castleton (Chapel R.D.C.) with accommodation for 40 caravans.

Prevention of Atmospheric Pollution

County district councils have considerable powers under the provisions of the Clean Air Act, 1956, to control atmospheric pollution. Such provisions can be broadly divided into two parts, viz:—

- (a) general regulatory powers;
- (b) powers to establish smoke control areas.

District Councils may also make bye-laws requiring new buildings to have satisfactory arrangements for heating and cooking so as to prevent the emission of smoke.

Many Authorities in the County are taking an active interest in this vital matter. In particular, many are maintaining recording apparatus and taking regular readings. The following are some examples of such records, which may be of general interest.

Station	Readings			
	Total Solids (Tons per sq. mile)		Sulphur Absorbed (Mg. per 100 sq. cms. per day)	
	Monthly		Daily average over each month	
	Highest	Lowest	Highest month	Lowest month
Alfreton U.D.C.				
High Street	32.79	9.45	—	—
Firs Gardens	—	—	2.22	0.71
Somercotes	—	—	3.82	0.95
Bolsover U.D.C.				
Woodhouse Lane	14.01	7.16	—	—
Moor Lane	14.39	4.63	3.33	1.07
Cundy Road	—	—	2.11	0.71
Chesterfield Borough				
St. John's Road Depot	14.54	7.54	3.19	0.54
Sewage Works	16.41	6.89	2.92	0.49
Staveley U.D.C.				
Hartington Colliery	35.85	10.41	3.01	1.39
Chesterfield R.D.C.				
Wingerworth	54.34	7.01	2.86	0.61
Hasland	21.22	6.51	3.54	1.23
Heath	23.96	5.47	—	—
Holmewood No. 2	26.11	7.65	—	—
Renishaw No. 1	61.58	14.14	3.91	1.18
Renishaw No. 2	45.87	11.03	—	—
Spinkhill	33.16	7.42	—	—
Barlow	—	—	2.41	0.56
S.E. Derbyshire R.D.C.				
Shardlow	21.78	6.37	3.01	0.96
Aston-on-Trent	16.93	6.79	2.76	0.60
Littleover	17.51	6.14	3.20	0.49
Sinfin	19.87	4.43	3.29	0.62
Stanton-by-Bridge	—	—	2.61	0.49
Melbourne	18.79	4.83	—	—

Progress is still being made in dealing with industrial undertakings, but the unforeseen shortage of certain classes of smokeless fuel supplies has tended to slow down the promotion of smoke control areas. It is a little difficult to see how the previous rate of progress can be maintained unless the public take to 'piped' heating appliances much more readily than they have done in the past. The following is an extract from information provided by the various local Authorities showing what is being done with regard to smoke control:—

Chesterfield Borough. At the end of 1962, three Smoke Control Orders were fully operative in the Borough, involving a total of area of approximately 1,066 acres and containing 3,892 premises. On the 1st July, 1963, a fourth Order, the Chesterfield No. 4 (Pevensey) Smoke Control Order became operative. This covered a residential area of 136 acres containing 921 premises, 905 of which were domestic dwellings. A survey of the fifth area covering approximately 198 acres and containing 506 premises,

of which 497 were dwelling houses, has been completed but due to anticipated difficulties in the supply of solid smokeless fuels brought about by the technological changes now taking place in the Gas Industry, the Borough Council are temporarily halting the submission of further areas until there has been a clarification of the position.

Glossop Borough. Contraventions at a local laundry were remedied by the installation of an additional oil fired boiler to overcome over-loading.

At a canning factory, recurring contraventions were eventually abated by the overhaul and fitting of two new Proctor Wide Ram Coking Stokers and a smoke alarm system.

A local brickworks has on occasion given rise to smoke emission via the stack to an excessive amount. A warning has been given.

Nuisances under the Public Health Act have arisen on a number of occasions at three premises where trade waste has been fired. Abatement Notices were served and the nuisances were abated.

Recurring nuisances at intervals due to sulphurous fumes given off from large paper works, often said to be due to bad operation of valves on the digester plant, abated when the works closed down at the year end.

Recurring nuisance from vapour containing chrome dye given off direct to atmosphere from chrome drying plant at chemical works, remedied by extraction system to water cleansing plant prior to discharge to atmosphere.

The Council's Deposit Gauge was made available on loan to Warren Spring Laboratory (D.S.I.R.).

One housing site consisting of 206 dwellings when complete will be smoke controlled by tenancy conditions.

Heanor U.D. Heanor Urban District No. 1 (Marlpool Farm Estate) Smoke Control Order made. Objections were made to this Order, and a Public Enquiry was held on the 1st October, 1963; the Minister's decision has not yet been received.

Ripley U.D. The Council decided to defer any action on smoke control areas for two years.

Wirksworth U.D. The following report has been received:—

- “(a) On a number of occasions during the year various complaints were received from residents in The Dale and Greenhill areas complaining of alleged dust nuisances caused by a local Quarry. On each occasion the facts were immediately reported to the Director of the Company concerned and remedial action taken.
- (b) On the main B.5023 Wirksworth to Middleton road a Company applied for permission to erect three lime burning kilns, associated crusher house, screens, loading station and ancillary equipment, and in granting formal permission for this work the Council applied the following condition under Town Planning insofar as atmospheric pollution is concerned:—

“All reasonable precautions shall be taken for the arrestment of smoke or dust arising from the handling and processing of minerals in connection with the consent hereby given.”

Reason for condition :—

“The condition was imposed to ensure that the proposed development did not unduly affect the appearance or amenities of the locality.”

Generally The Council appreciate that in an area such as this, where established limestone quarries are the basic industries, then certain inconveniences must be accepted, but they take every opportunity to control the dust emission from new plants, etc., and to improve the condition of existing works.”

Blackwell R.D. Although the Ministry agreed to the District Council proceeding with a smoke control area at Shirebrook, no further progress has been made. At present there is a reluctance to proceed with this type of smoke control having regard to the difficulties which have become apparent regarding the supply of some classes of smokeless fuel. It should be noted that this District is not included in the “Black Areas”.

Chesterfield R.D. The following report has been received:—

“The cold spell at the beginning of the year severely tested the coke burning appliances in smoke control areas. A song was made about fuel shortages but no proof was forthcoming, although other parts of the country certainly suffered in this way. Local supplies appeared to be adequate for the smoke control areas operating but distributive trades were stretched in order to maintain supplies. The nation wide picture of fuel supplies was giving concern at the year end and the proposal to accept the underfloor draft and space heater type of appliance for grant purposes is welcome.

No. 4 Smoke Control Area was confirmed just before Christmas and the survey work on No. 5 area is well underway. It is intended to proceed at a rate of 3,000 houses per year. The amount of work involved in dealing with houses in these numbers is considerable.

Atmospheric pollution figures have shown a considerable improvement and this is gratifying when it is realised that the majority of our gauges are placed so as to monitor individual plants. Problems exist in respect of iron works at Renishaw, a blast furnace slag utilisation plant at Renishaw and Carbonisation Plant at Wingerworth. Slag from iron works is used to make road surface dressings. The trouble is due to the production of dust at every stage of the process, and the great difficulty in controlling the amount which is available for polluting the atmosphere.

The carbonisation plant at Wingerworth also produces chemical by-products. Everything possible is done to minimise emissions from the coking plant and the figures are a testimony to this fact. In the state of present knowledge coke cannot be produced without some pollution of the atmosphere. The Alkali Inspector assures the Council that the chemical plant is operated satisfactorily and that discharges to atmosphere are well within statutory limits. Chemical processes such as these have inherent smells, and though there is no known public health danger people who lived near the site before the works were built obviously feel they have grounds for complaint.”

MIDWIVES ACTS, 1936-1951

The Midwives Acts are administered by the County Council as the local supervising Authority for the whole of the Administrative County, including the Borough of Chesterfield.

Number of Midwives.—At the end of 1963 there were 190 Midwives on the County Roll—eighty-nine were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; eighty were County Midwives, and twenty-one were County Home Nurse/Midwives.

Records Received.—The following table gives the records received, with corresponding figures for the previous five years:—

	1958	1959	1960	1961	1962	1963
Records received :—						
Medical Help	738	751	542	463	417	366
Stillbirths	137	114	112	108	105	92
Deaths of Children	67	55	44	54	51	51
Deaths of Mothers	2	—	3	—	—	1
Laying out the dead	15	20	12	16	—	—
Liability to be a source of infection	42	45	30	25	23	24
Puerperal Pyrexia—Midwives' Cases	7	6	9	9	6	7
Ophthalmia Neonatorum— all cases	3	3	2	4	4	1

Puerperal Pyrexia.

The Puerperal Pyrexia Regulations, 1951, require puerperal pyrexia to be regarded as a notifiable disease. Puerperal Pyrexia is defined as “any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit (38° Centigrade) or more has occurred within fourteen days after childbirth or miscarriage”.

The following table shows the total number of cases of puerperal pyrexia notified to me over the past ten years and the case rate from this condition per 1,000 births.

Year	No. of cases of Puerperal Pyrexia	No. of Live Births and Still Births in Whole County	Case rate per 1,000 Births
1954 ..	44	10,391	4.23
1955 ..	23	10,351	2.22
1956 ..	25	11,021	2.27
1957 ..	21	11,721	1.79
1958 ..	18	11,861	1.52
1959 ..	20	12,154	1.64
1960 ..	17	12,546	1.35
1961 ..	17	12,575	1.35
1962 ..	10	13,527	0.70
1963 ..	12	13,465	0.89

Maternal Mortality

The maternal mortality rate for the whole County for the year 1963 was 0.30 per thousand live- and still-births. The following table gives the maternal mortality rate in the County since 1950.

<i>Year</i>	<i>Rate</i>
1950	1.44
1951	1.028
1952	0.749
1953	0.55
1954	0.75
1955	0.38
1956	0.62
1957	0.51
1958	0.51
1959	0.41
1960	0.33
1961	0.32
1962	0.30
1963	0.30

Ophthalmia Neonatorum

During the year, one case of ophthalmia neonatorum was notified. It was treated at home and the vision was unimpaired.

REGISTRATION OF NURSING HOMES

The County Council acts as the Authority for the Registration of Nursing Homes under Sections 187 to 194 of the Public Health Act, 1936, for the whole of the Administrative County except the Boroughs of Chesterfield, Glossop and Ilkeston, the duties having been delegated to the Corporations of these Boroughs by the County Council under Section 194 of the same Act. Following a report after an inspection by a Medical Officer on the staff of the Health Department, consideration is given by the County Health Committee to the registration of premises for an approved number of maternity or general nursing beds.

The position on December 31st, 1963 regarding the Homes registered in the County, except in the Boroughs mentioned above, is shown below:—

<i>Name and Address of Nursing Home</i>	<i>Accommodation approved</i>
Portland Nursing Home, "Craiglands", The Park, Buxton	17 Medical Cases.
Derby House Nursing Home, Broad Walk, Buxton	31 Medical Cases.
St. Mary's Nursing Home, Ednaston Lodge, Ednaston.. ..	22 Medical and Surgical Cases.
Borrowash House, Borrowash, Derby ..	17 Unmarried Mothers.

NURSERIES AND CHILD MINDERS (REGULATION) ACT 1948.

During 1963 eight people applied to be Child Minders and two applied to run Nurseries in accommodation other than their own homes. Of these, five Child Minders and one Nursery were registered. One of the Child Minders, however, cancelled her registration later in the year. At the end of the year, eleven Child Minders and three Day Nurseries were registered. All are registred to care for children over the age of three years who attend for half a day only.

TUBERCULOSIS

New Cases and Deaths.—I have reported in previous years on the great strides that have been made in the prevention and treatment of tuberculosis. This disease, first made notifiable in 1912 and for which the first figures available are for 1914, has steadily declined, apart from the war years, since that time. Since the end of the last war, however, this decrease in the number of cases of tuberculosis and the number of deaths has rapidly become more marked. This has been due, of course, to many environmental factors, such as improved sanitation, housing and a general higher standard of living, coupled with the introduction of the National Health Service. It must be remembered that since the introduction of the new Service greater emphasis has been placed on early detection and prevention, and it must not be forgotten that Mass Miniature Radiography has played an important part in this process.

The following table shows the number of new cases and deaths in 1914 and thereafter at ten-yearly intervals to 1954, and finally the figures for 1963:—

TUBERCULOSIS

	<i>Respiratory</i>		<i>Non-Respiratory</i>	
	<i>New Cases</i>	<i>Deaths</i>	<i>New Cases</i>	<i>Deaths</i>
1914	867	383	362	156
1924	829	359	338	117
1934	442	243	202	74
1944	432	202	163	43
1954	391	80	62	12
1963	168	27	34	5

New Cases during 1963.

The number of cases of tuberculosis notified during 1963, divided into the various age groups and also showing males and females separately as well as distinguishing between the Respiratory and Non-respiratory forms of the disease, are shown in the following table:—

Age Groups	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Total All Ages
<i>Respiratory—</i>														
Males ..	—	1	—	2	—	9	8	8	20	20	27	7	2	104
Females..	—	—	—	3	—	12	8	6	14	11	7	2	1	64
<i>Non-Respiratory—</i>														
Males ..	—	—	—	1	1	3	1	4	3	2	—	1	—	16
Females..	—	—	—	—	1	2	2	4	2	1	4	1	1	18
Total ..	—	1	—	6	2	26	19	22	39	34	38	11	4	202

The totals, not divided into age groups, are also shown for purposes of comparison in the following summary :—

SUMMARY OF NEW CASES FOR THE PAST TEN YEARS.

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
<i>Respiratory</i>										
Males ..	238	204	195	212	209	184	175	144	97	104
Females ..	153	110	126	119	105	83	92	68	56	64
Totals ..	391	314	321	331	314	267	267	212	153	168
<i>Non-Respiratory</i>										
Males ..	30	34	23	25	18	12	19	21	18	16
Females ..	32	34	28	31	34	28	16	29	22	18
Totals ..	62	68	51	56	52	40	35	50	40	34
Total Pul. and Non-Pul. ..	453	382	372	387	366	307	302	262	193	202

Deaths from Tuberculosis.

The following Table gives details for the last five years :—

	1959	1960	1961	1962	1963
Respiratory ..	34	39	29	33	27
Non-respiratory ..	5	5	8	3	5
	<u>39</u>	<u>44</u>	<u>37</u>	<u>36</u>	<u>32</u>

The death rate per 1,000 of the population during each of the last five years is as follows :—

	1959	1960	1961	1962	1963
Respiratory ..	0.046	0.052	0.044	0.044	0.040
Non-respiratory ..	0.007	0.007	0.012	0.004	0.007
	<u>0.053</u>	<u>0.059</u>	<u>0.056</u>	<u>0.048</u>	<u>0.047</u>

The provisional figure for England and Wales supplied by the Registrar General for 1963 is 0.063 deaths per thousand of the home population.

The Table below shows the notifications and deaths in Derbyshire for the last fifteen years.

<i>Year</i>	<i>New Cases</i>	<i>Deaths</i>
1949	592	205
1950	514	172
1951	547	142
1952	569	122
1953	479	125
1954	453	92
1955	382	84
1956	372	57
1957	387	56
1958	366	51
1959	307	39
1960	302	44
1961	262	37
1962	193	36
1963	202	32

1949 was not only the first full year of operation of the National Health Service Act, but also the last year when the annual deaths from tuberculosis were over 200.

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

ANTE-NATAL SCHEME

Twenty-five Ante-Natal Clinics are maintained by the Authority: seven in Municipal Boroughs, twelve in Urban Districts and six in Rural Districts. Twenty-four of the Clinics are conducted by the County Council's Maternal and Child Welfare Medical Officers, and the remaining one by a Consultant Obstetrician provided by the Regional Hospital Board. A Health Visitor is in attendance at each Clinic, as well as one or more of the Authority's Domiciliary Midwives. No clinics are conducted under the Authority's arrangements by General Practitioners on their own premises. Arrangements are made for the collection of blood from all patients, so that A.B.O. group typing and Rh. typing, as well as serum tests for syphilis, may be performed. All these facilities are available to both married and unmarried mothers.

Details of the Ante-natal Clinics (apart from the two which serve residents in Chesterfield Borough) are as follows :—

ALFRETON	..	County Council Clinic, Grange Street, Alfreton. Each Friday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.
ASHBOURNE	..	Ante-Natal Clinic, St. Oswald's Hospital, Ashbourne. Each Thursday, 1.30 p.m. to 4.15 p.m.
BELPER	..	County Council Clinic, The Cedars, Field Lane Belper. 1st and 3rd Monday, 9 a.m. to 12.30 p.m.

BOLSOVER	..	County Council Clinic, Welbeck Road, Bolsover. Each Friday, 1.30 p.m. to 4.15 p.m.
BUXTON	..	County Council Clinic, Bath Road, Buxton. 1st Tuesday, 9 a.m. to 12.30 p.m.
CHADDESSEN	..	County Council Clinic, Maine Drive, Chaddesden. Each Monday, 1.30 p.m. to 4.15 p.m.
CHESTERFIELD		County Council Clinic, Brimington Road, Chesterfield. Each Wednesday, 9 a.m. to 12.30 p.m. (for patients residing outside Chesterfield Borough).
CLAY CROSS	..	County Council Clinic, High Street, Clay Cross. Each Friday, 9 a.m. to 12.30 p.m.
CLOWNE	..	County Council Clinic, Creswell Road, Clowne. Each Wednesday, 9 a.m. to 12.30 p.m.
DERBY	..	County Council Clinic, Cathedral Road, Derby. Each Tuesday, 9 a.m. to 12.30 p.m.
DRONFIELD	..	County Council Clinic, The Grange, Dronfield. Each Monday, 9 a.m. to 12.30 p.m.
ECKINGTON	..	County Council Clinic, Gosber Street, Eckington. Each Tuesday, 9 a.m. to 12.30 p.m.
FRECHEVILLE	..	County Council Clinic, Fox Lane, Frecheville. 1st, 3rd and 5th Monday, 9 a.m. to 12.30 p.m.
GLOSSOP	..	County Council Clinic, George Street, Glossop. 2nd and 4th Monday, 9 a.m. to 12.30 p.m.
HACKENTHORPE		County Council Clinic, Main Road, Hackenthorpe. 2nd, 4th and 5th Thursday, 1.30 p.m. to 4.15 p.m.
HEANOR	..	County Council Clinic, Wilmot Street, Heanor. 1st and 3rd Wednesday, 1.30 p.m. to 4.15 p.m.
ILKESTON	..	County Council Clinic, Albert Street, Ilkeston, each Monday, 2 p.m. to 4.15 p.m. and each Thursday, 9 a.m. to 12.30 p.m.
LONG EATON	..	County Council Clinic, 4 Nottingham Road, Long Eaton. Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.
MATLOCK	..	County Council Clinic, Dean Hill House, Causeway Lane, Matlock. 1st Thursday, 9 a.m. to 12.30 p.m.
RIPLEY	..	County Council Clinic, Derby Road, Ripley. 2nd and 4th Friday, 1.30 p.m. to 4.15 p.m.
SHIREBROOK	..	County Council Clinic, Cliffe House, Church Drive, Shirebrook. Each Monday, 9 a.m. to 12.30 p.m.
STAVELEY	..	County Council Clinic, Lime Avenue, Staveley. Each Thursday 9 a.m. to 12.30 p.m.
SWADLINCOTE*		County Council Clinic, Civic Centre, off Midland Road, Swadlincote. 2nd and 4th Tuesday, 9 a.m. to 12.30 p.m.

*New Clinic, opened in April, 1963.

The following are the number of sessions and attendances at all the Ante-natal Clinics during 1963:—

Half-day Sessions	..	..	1,224
Number of New Cases	..	..	1,962
Total number of attendances	..	..	8,189
Post-natal visits	..	..	279

Routine X-Ray Examinations of Expectant Mothers.

A communication from the Sheffield Regional Hospital Board in July, 1959, intimated that, following consideration of the Interim Report of the Adrian Committee on radiological hazards to patients, the routine x-raying of expectant mothers at the Mass Miniature Radiography Centres would be discontinued. Arrangements have been made for full size films to be taken when carrying out routine x-ray examination of these patients.

Ante-Natal Care Related to Toxaemia.

All Medical Officers conducting ante-natal clinics have received a copy of the Memorandum on ante-natal care related to Toxaemia and every effort has been made to implement the suggestions made in this Memorandum.

Supervision.—The importance of regular ante-natal care is impressed on all patients attending the ante-natal clinics. They are asked to attend every month up to the 30th week, every fortnight from 30th-36th week and every week, where possible, from the 36th-40th week. It is, however, difficult to evolve a “pattern of supervision” as many patients transfer to hospital ante-natal care if and when their application for a hospital bed is accepted.

Local Authority Ante-natal Clinics often share in the care of patients booked for hospital confinement on social grounds and who are not attending their general practitioner. This helps to relieve the hospital ante-natal clinics, and saves the patients travelling long distances.

Examination.—A routine medical examination is carried out at the patient's first visit to the Clinic. Any abnormalities detected at these preliminary examinations are referred to the patient's General Practitioner or, with his approval, to the appropriate hospital Consultant. The blood pressure is recorded, the patient weighed and the urine tested at all subsequent visits. Midwives are asked to visit any patient requiring close observation during the interval between their attendances at the clinic.

Blood Testing.—All Medical Officers have been supplied with Sahli Haemoglobinometers so that haemoglobin estimations may be made. Ferrous sulphate and ferrous gluconate tablets are supplied at the clinic. Patients not responding to these tablets are referred to their own doctor for alternative treatment. A sample of blood is taken from all patients whose blood group has not already been typed. These samples are sent to the Sheffield Regional Blood Transfusion Service who report on the blood group, Rh. factor and Kahn test in each case. Tests for antibodies are also carried out at 32nd—34th weeks on all Rh. negative patients when requested by the Regional Blood Transfusion Service.

Ante-natal Records.—Each patient attending the clinic receives a card on which is recorded a copy of the findings at each examination. The patient keeps this card in an envelope together with her appointment card and particulars of her blood group. She is instructed to bring this envelope with her when attending for ante-natal examination whether at the General Practitioner's surgery or at hospital.

Follow-up Failures.—Cases who fail to attend the ante-natal clinic on the appointed day are followed up either by letter or by the domiciliary midwife. It is not possible to evolve a water-tight system as the local authority are not always informed when patients are transferred to hospital for ante-natal care or are admitted to hospital or a maternity home for their confinement.

Mothercraft and Relaxation Classes.

By the end of 1963 Classes were being held at the following County Council clinics:—

Alfreton; Belper; Bolsover; Buxton; Chaddesden; Chapel-en-le Frith; Chesterfield; Clay Cross; Clowne; Derby; Dronfield; Eckington; Frecheville; Glossop; Hackenthorpe; Heanor; Ilkeston; Long Eaton; Matlock; New Mills; Ripley; Shirebrook; Staveley and Swadlincote.

These classes are usually conducted jointly by the Health Visitor for the area and one or more Midwives who have received special training in the technique of correct breathing, exercise and relaxation in pregnancy and child birth. Whilst each class varies slightly, the general procedure is as follows:—

Mothers are invited to attend a series of six—eight classes. The first class commences with a short introductory talk on the aims of the class and the proposed procedure. The Midwife then demonstrates the correct method of breathing and the approved exercises and supervises the mothers as they try to do them.

During this procedure the Health Visitor makes a cup of tea and the mother, the Midwife and the Health Visitor join in a discussion on various aspects of pregnancy, e.g. mental attitude of both parents; need for regular medical and dental supervision; welfare foods, maternity grants, etc.

At each succeeding class the Midwife instructs and supervises the exercises and these are followed by a talk, demonstration, or showing of a film strip. The class then terminates with a lively and helpful discussion when the mothers are urged to talk about their problems.

When more than six mothers attend the class is divided into two groups, the Midwife taking one for exercises whilst the Health Visitor talks to the others; they then change over.

The following subjects are covered usually by the Midwife:—

- (a) the preparation for the confinement;
- (b) the stages of labour and the normal delivery;
- (c) the administration of analgesia with demonstration of gas and air and trilene machines;
- (d) bathing the baby may be demonstrated either by the Midwife or the Health Visitor.

Talks or film strips by the Health Visitor include:—

- (i) diet and nutrition in pregnancy;
- (ii) general conduct in pregnancy including suitable clothing and footwear and care of the breasts;
- (iii) the preparations for the baby including layette, cot and pram.
- (iv) care of the baby including feeding;
- (v) the post-natal examination;
- (vi) the help available from Doctor, Midwife and Health Visitor and the benefits of attendance at the Infant Welfare Centre;
- (vii) any other subjects which may arise from the discussions.

All clinics where relaxation classes are held have been supplied with a film strip projector and have a variety of film strips available, including one showing a normal confinement.

Sound films have proved so popular, especially those showing the birth of a baby, that the Health Education Section now have three copies of "Childbirth without Fear" and two copies of "My First Baby". Other films shown have dealt with breast feeding, nutrition, human reproduction, dental care, child development and home safety.

Two gramophone records in which Dr. Grantley Dick Read explains the principle of relaxation and conducts a normal confinement have also been very helpful in some cases.

It would appear that these classes are excellent media for group teaching and discussion. The mothers enjoy them and are sorry when they are finished.

The Midwives report that the mothers are more co-operative during labour and delivery and the incidence of uterine inertia has decreased.

The Health Visitors report that "getting to know" the mothers beforehand is invaluable at the primary visits, and as a consequence there is a greater likelihood of the mothers bringing their babies subsequently to the infant welfare centres.

A Health Visitor also attends the Derby City Hospital ante-natal sessions to talk to the mothers about help which the Local Authority can provide after the baby is born.

Special courses for midwives have been arranged by the Royal College of Midwives in Mothercraft and Relaxation, and up to the end of 1963, fifty-eight Midwives have attended. Ten midwives are being sent each year until all the midwives have had an opportunity of attending. (In the year under review only nine midwives were sent because of illness).

Arrangements for selecting women whose confinement in Hospital is recommended on medical or social grounds.

The provision of hospital accommodation for maternity cases is the responsibility of Regional Hospital Boards. To facilitate the administrative arrangements concerning the large number of patients desiring hospital or maternity home accommodation, Bed Bureaux have been set up at Chesterfield and Derby by the Sheffield Regional Hospital Board. Forms of application for admission are available at the Authority's ante-natal clinics, and these are passed to the appropriate Bed Bureau. Kingsmill Hospital, Mansfield has also agreed to allocate six beds per month to patients living on the eastern fringe of the county.

Where admission to a hospital bed is recommended on medical grounds, this is sufficient to ensure invariably that a bed is made available providing arrangements are not left until the last moment. In most cases, however, applications are based on social need. Where insufficient beds are available for all applicants such cases are referred to this authority for a report on the home circumstances. In the light of that report, which is made after a visit to the patient's home by one of the Health Visitors, a recommendation is made as to the necessity for a hospital or Maternity Home bed.

In practice the scheme has worked smoothly and no changes are envisaged at the present time.

The following is an analysis of cases visited by Health Visitors for a report on the home circumstances:—

	<i>Bed Bureaux</i>		<i>Other Hospitals</i>
	<i>Derby</i>	<i>Chesterfield</i>	
Suitable for home confinement ..	71	77	15
Hospital accommodation desirable but not essential	352	177	44
Home conditions unsuitable and hospital confinement necessary	271	336	97
Miscellaneous visits (i.e., cancellations miscarriages, removals from district, etc.)	27	14	4

CHILD WELFARE CENTRES

During 1963, four Child Welfare Centres were opened in the County, at Fairfield Buxton, Holbrook and Tibshelf, also one in Chesterfield Borough, bringing the total to 107.

The number of sessions and attendances at the Child Welfare Centres during 1963 are set out below:—

Half-day sessions	..	..	..	..	5,775
Number of children who attended during the year and were born in:—					
1963	..	..	..	..	7,663
1962	..	..	..	..	7,339
1961-58	..	..	..	..	6,120
Total number of children who attended during the year	..	..	..	..	21,122
Total attendances during the year	..	..	..	..	188,182

CARE OF PREMATURE INFANTS

(i.e., Babies weighing 5½lbs. or less at birth).

Local Health Authorities are required by the Ministry of Health to provide statistics about premature babies. They relate to hospital births as well as domiciliary and nursing home births, thus constituting a complete record of the occurrence of each premature birth (live and still) and of the survival of premature infants in the area of the Local Health Authority. The figures for 1963 are as follows:—

Number of premature live births notified (as adjusted by transfer notifications):—					
(a) In Hospital	..	..	..	..	691
(b) At Home or in a Nursing Home	..	..	..	..	194
Total	..	..	..	..	885
Number of premature still-births notified (as adjusted by transfer notifications):—					
(a) In Hospital	..	..	..	..	117
(b) At Home or in a Nursing Home	..	..	..	..	8
Total	..	..	..	..	125

Of the 691 premature babies who were born in hospital fifty-two died within twenty-four hours of birth and 612 survived twenty-eight days.

Of the 194 born at home or in a nursing home, forty-six were transferred to hospital on or before the twenty-eighth day, and of the remainder four died within twenty-four hours of birth and 144 survived twenty-eight days.

The Council's Home Help Scheme is available for premature infants, provided the need is certified by the Doctor attending the case.

The Council has agreed to the provision of certain equipment for the domiciliary nursing of premature infants. No charge will be made for the loan of the equipment but if it is damaged, other than that which can be accounted for by fair wear and tear, the actual cost of repair or replacement will have to be paid.

The equipment will be issued in units and each unit will comprise the following articles:—

1. One Cot Set consisting of (a) One Cot, (b) Two Cot Ends, (c) Four Rails, (d) Four Lining Rods, (e) One Tray, (f) One Box (g) One Key.
2. Two Cot Linings.
3. One Cot Mattress.
4. Four Cot Blankets.
5. One Feeding Bottle.
6. One Mucus Catheter.
7. Two Hot Water Bottles.
8. One Hot Water Bottle Cover.
9. One Mackintosh Sheet.
10. One Thermometer.
11. One set of Premature Infant Clothing comprising (a) Two Vests, (b) One Gown without hood, (c) Two Gowns with hood.

In the event of a Unit being required for a patient under the care of a doctor or midwife, the following should be approached as appropriate:—

Northern part of the County excluding the Borough of Chesterfield.

Telephone Nos.

Miss M. Blackbird,

Supervisor of Midwives,

County Council Clinic, Brimington Road,
Chesterfield.

Day—Chesterfield 2773.

Night—Chesterfield 6288.

Southern part of the County.

Miss P. Richards,

Supervisor of Midwives,

County Council Clinic,
Cathedral Road,
Derby.

Day—Derby 45934.

Night—Horsley 517.

Chesterfield Borough only.

Mrs. M. C. Rhodes,

Supervisor of Midwives,
Town Hall, Chesterfield.

Day—Chesterfield 3232.

Extn. 256.

Night—Chesterfield 2909.

Phenylketonuria.

Phenylketonuria is an inherited metabolic disease, the basic fault appearing to be a deficiency of the enzyme normally responsible for the breakdown of phenylalanine absorbed in excess of the body's requirements. As a result, phenylalanine accumulates in the blood and is excreted in the urine with certain of its derivatives. A severe degree of mental deficiency is present in most cases, believed to be due to interference with the brain development occasioned by the high concentration of phenylalanine in the blood; there may be associated epileptic seizures and other physical stigmata. A few cases with normal or near normal intelligence have been recorded. The condition is rare and on the basis of present knowledge it is quite likely that in the county one child will be born with this condition, on the average, not more frequently than once in two years—in fact, it may not be as often as that. It is believed that the *early* detection and treatment of this condition with a special diet is beneficial and gives a reasonable chance of preventing, or mitigating, mental retardation. In any case, the patient is likely to be much more manageable, losing a troublesome restlessness; fits, if present, cease; and eczema clears up. By means of a simple test of a baby's urine, it is possible to determine whether the child is likely to have this condition. Even though the incidence is so small, the possibility of the prevention or lessening of the mental retardation which may be associated with this condition, makes it important to ascertain these children. The Derbyshire Local Medical Committee was consulted and approved the introduction of phenylketonuria tests in Derbyshire under arrangements made by the County Health Committee, provided that the Doctors of patients concerned are notified of any positive results.

Since May, 1961, Health Visitors have been testing the urine of all the babies in their areas. Two tests are carried out, one at about the 10th to 14th day of life and a second between the fourth and sixth week of life. One positive reaction was obtained towards the end of 1961, and the child's General Medical Practitioner made the necessary arrangements for the patient to receive a full investigation in hospital.

WELFARE FOODS

Supply of Extra Vitamins, etc.

The County Council has for many years supplied certain proprietary preparations at Ante-Natal Clinics and Child Welfare Centres. At Ante-Natal Clinics simple preparations of iron in tablet form (Tabs Ferri Sulphatis Co.), Ferrous Gluconate, and also of calcium with vitamins (Tabs. Calciferol Co.) are prescribed by the Clinic Medical Officers in suitable cases and are sold at approximately cost price.

National Dried Milk, Vitamin A & D Tablets, Cod Liver Oil and Orange Juice are distributed by the Authority in accordance with its duties under the National Health Service. The foods are issued at County Council Clinics and Child Welfare Centres, supplemented as necessary by distribution through the medium of shops, by arrangement with the proprietors.

The prices and allocation of all Welfare Foods available at Child Welfare Centres are as follows:—

<i>Product</i>	<i>Price</i> s. d.	<i>Allocation</i>	
<i>Adexolin</i>	9	1 bottle per week	Available to mothers of children under 5 years of age attending the Child Welfare Centre. The child's signed weight card must be produced before foods can be purchased. Cards must be signed by the Doctor or Health Visitor once each month for Infants under one year, and at least every three months for children between the ages of 1 and 5 years.
<i>Ostermilk</i> ..	3 0	1-3 packets per week	
<i>Ovaltine</i> ..	2 2	1 tin per week	
<i>Rose Hip Syrup</i> ..	1 9	1 bottle per week	
<i>S.M.A.</i> ..	5 6	1-3 tins per week	
<i>Virol</i>	1 10	1 carton per week	Available to expectant and nursing mothers on production of the Welfare Milk Token Book.
<i>Lactagol</i> ..	1 9	1 packet per week	
<i>Ovaltine</i> ..	2 2	1 tin per week	
<i>National Dried Milk</i> ..	2 4	& milk token	Available to expectant and nursing mothers, children under 5 and handicapped children.
(1 to 2 tins per week)	4 0	at full price	
<i>Orange Juice</i> ..	1 6		
<i>Cod Liver Oil</i> ..	1 0		
<i>Vitamin A & D Tablets</i> ..	6		

The following table shows the issues of National Welfare Foods in the County Area in 1963 :—

	<i>National Dried Milk Tins</i>	<i>Cod Liver Oil Bottles</i>	<i>Vitamin A. & D. Packets</i>	<i>Orange Juice Bottles</i>
Issued against coupons—				
(a) By stamps	631	65	63	548
(b) by cash	98,479	10,808	18,456	130,399
(c) free	3,406	713	141	3,409
Issued to :—				
N.H.S. Hospitals ..	851	4	—	911
Day Nurseries ..	77	308	—	409
Issued at full price :—	11,915	—	—	—
Totals	115,359	11,898	18,660	135,676

During the year, distribution of the range of foods mentioned above was commenced at new Child Welfare Centres opened at Fairfield, Holbrook and Tibshelf, while National Welfare Foods were made available at shops at Baslow, Egginton and Church Broughton. The Welfare Foods centres at Kniveton, Castleton and Scarcliffe were closed owing to lack of demand.

The number of types of distribution centres serving County residents are given below:—

<i>Location</i>	<i>At County Council Clinics or Child Welfare Centres</i>	<i>At other Premises</i>
Chapel-en-le-Frith R.D. ..	4	2
Glossop Borough	2	—
New Mills U.D.	1	—
Whaley Bridge U.D.	1	1
Buxton Borough	3	—
Bakewell R.D.	5	7
Bakewell U.D.	1	1
Matlock U.D.	2	7
Wirksworth U.D.	1	1
Ashbourne R.D.	—	1
Ashbourne U.D.	1	1
Repton R.D.	4	11
Swadlincote U.D.	1	—
Chesterfield R.D.	21	2
Chesterfield Borough ..	8	—
Bolsover U.D.	2	—
Staveley U.D.	3	1
Clay Cross U.D.	1	—
Dronfield U.D.	2	1
Clowne R.D.	3	—
Blackwell R.D.	8	1
Alfreton U.D.	3	2
Belper R.D.	3	6
Belper U.D.	1	1
Derby Borough	1	—
South-East Derbyshire R.D.	14	2
Ripley U.D.	3	—
Heanor U.D.	2	1
Ilkeston Borough	3	—
Long Eaton U.D.	2	1
Totals	106	50

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN, 1963

Mr. H. E. Gray, the Senior Dental Officer, has provided the following report:—

An increase in staff enabled greater numbers of expectant mothers and pre-school children to be dealt with and a much greater volume of work to be carried out than had been possible for many years. The work for these classes was integrated with that for the school children and an equivalent of 219 half day sessions were spent on treatment.

The trend for more and more parents to seek advice and check-ups before there is visible evidence of decay or trouble with toothache, continues. This is gratifying and an indication that the dental health campaign is producing results. At the same time, far too many children, little more than toddlers, are presented howling with pain from acute abscesses or gross caries, all of which could have been prevented by the parents taking care to reduce the amounts of sweet sticky stuffs eaten between meals and before going to bed.

The following table sets out particulars of the numbers seen and treated, with the figures for 1962 shown in parenthesis:—

	<i>Expectant Mothers</i>		<i>Pre-School Children</i>	
No. Examined	131	(47)	858	(870)
No. with defects	114	(42)	602	(525)
No. Treated	94	(40)	517	(480)
No. of attendances	512	(122)	1,037	(883)
No. of fillings	287	(29)	105	(34)
No. of extractions	215	(72)	562	(528)
No. of General Anesthetics administered	15	(2)	326	(271)
Silver nitrate treatments	1	(2)	1,200	(870)
Scalings and gum treatments	68	(15)	—	—
X-ray examinations	11	(0)	—	—
Full dentures fitted	14	(6)	—	—
Partial dentures fitted	13	(6)	—	—

ILLEGITIMATE CHILDREN

The following shows the way illegitimate children were cared for in the County during the year under review:—

1. Number of illegitimate births known to the Welfare Authority for the period 1st January, 1963 to 31st December, 1963 329
- Number of unmarried mothers 280
- Number of married mothers 34
- Number of widows 8
- Number of divorcees 5
2. The number in which the mother and child:—
 - (a) returned to live with mother's parents 144
 - (b) returned to live with relatives 5
 - (c) found or were helped to find lodgings where they could live together (of these 47 went to Borrowash House Mother and Baby Home and 2 to The Firs, Bakewell). 49
 - (d) living in their own homes 18
 - (e) had to separate (i) the child going to the care of a foster mother 2
 - (ii) the child going to a Residential Nursery 2

3.	The number of illegitimate children who had been or were being legally adopted	.. .. .	50
4.	The number of mothers who have married since the birth of the child	.. .. .	3
5.	The number of mothers who, with their babies, are living with the father of the child, though not married to him		48
6.	The number of illegitimate children who have died during the year	.. .. .	8
	Still-births	.. .. .	0

During the year under review 72 unmarried mothers, included in the total of 329 were accommodated in various Mother and Baby Homes, for whom financial responsibility was accepted by the Derbyshire County Council. The Homes are requested to collect £2 14s. 0d. per week from each girl accommodated, wherever possible, in view of the fact that she is in receipt of benefits from the Ministry of National Insurance or the National Assistance Board, which leaves her with 13/6 per week "pocket money".

REPORTS RECEIVED FROM MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

Reports from the Maternal and Child Welfare Medical Officers were included in this part of my Annual Report for the first time in 1952. This year I wrote to the Maternal and Child Welfare Medical Officers in the following terms:—

"As in previous years I am asking Maternal and Child Welfare Medical Officers on the staff of my Department to submit reports on their work during the past year. (Relevant excerpts may be quoted in my Annual Report).

Medical Officers should report on the whole field of their work, including the following subjects:—

- (1) General health and nutrition of the children, including the level of mothercraft observed among the mothers attending Infant Welfare Centres in the area.
- (2) Cleanliness and communicable diseases.
- (3) Immunisation procedures:—
 - (i) diphtheria immunisation;
 - (ii) whooping cough vaccination, etc.;
 - (iii) poliomyelitis vaccination.
- (4) The role of the Medical Officer and Health Visitor in Health Education at Ante-natal Clinics or Infant Welfare Centres.
- (5) Methods used at Ante-natal Clinics to follow up non-attenders and the measure of success obtained by these methods.
- (6) The integration of clinic services with other aspects of the wider Health Service, with particular reference to the liaison between Hospitals, General Practitioners, and the Local Authority.

Apart from the above, special comment on aspects in which Medical Officers are particularly interested would be welcomed. The following are examples:—

- (a) Observations on the premature baby.
- (b) The incidence of breast feeding.
- (c) The early detection of special physical defects—blindness, aphasia, deafness, epilepsy, etc., and their relation to children classified as “at risk”.
- (d) The early detection of mental defects.
- (e) The incidence of different diseases in different parts of the area, examples are Bronchitis and Gastro-intestinal conditions.
- (f) Problem families and evidence of child neglect.
- (g) Accidents at play and in the home.
- (h) Incidence of anaemia in the ante-natal period, observations on relaxation and post-natal exercises where these have been advised.

I am giving you early notice of the matter because I am anxious to receive your report **not later than 6th January, 1964.**”

Dr. I. M. McCullough, Senior Medical Officer for Maternal and Child Welfare, reports as follows:—

“There has been a slight increase in the number of patients applying for admission to maternity hospitals on social grounds. There has, however, again been an increase in the number of patients discharged early from hospital before the tenth day. Many of these cases were discharged after forty-eight hours. The success of this arrangement can only be satisfactory if there is close liaison between the various bodies concerned. The implementation of this liaison has been fully discussed at Maternity Liaison Committees where there are representatives from the Hospital, General Medical Practitioners and the Local Authority for the area concerned. Unfortunately mothers discharged from Hospital are often considered by the family to be fit to take up their full household duties and one fears that this may have long term if not immediate effects on the health. In some areas there is difficulty in employing an adequate number of Home Helps willing to undertake maternity cases. Even if they are available, the families are often unwilling to pay for their services. The extra visiting involved puts a considerable strain on the domiciliary midwifery service. The employment of two part-time midwives has helped to relieve this problem. Modified maternity packs are now available when necessary for these patients.

New Infant Welfare Centres were opened at Tibshelf, Fairfield and Holbrook. A continued demand for new Centres in various parts of the County make it apparent how much these Centres are appreciated. With the development of extensive new housing estates, it is becoming more difficult to provide facilities within easy reach of the Centres of population. The diversity and complexity of the problems brought to the Health Visitors demonstrates the value placed on their role as family advisor. A close liaison with other branches of the Social Services is

very important. Health Visitors are represented at Case Conferences where groups of social workers meet to discuss particularly difficult cases.

There has been a steady demand for places in the Day Nurseries, particularly in the Chaddesden area where there is always a considerable waiting list. About a quarter of the cases could be classed as social priorities but many of the parents of other children are young couples endeavouring to set up a home. There is no doubt that the ease with which hire purchase commitments can now be made often gives rise to financial difficulties which forces the mother to seek employment. The Nurseries can also make a useful contribution by taking the children of teachers and nurses who are urgently pressed to return to their professions. Each Nursery has also had a few children admitted on the advice of their doctors, either for their own sake or because of their mothers' ill health. There has been a considerable increase in the number of people wishing to run playgrounds in their own homes. This appears to be a national trend. Mothers particularly on large housing estates appreciate the opportunity given to their children to play in safety and to mix with other children under supervision. All the children attending these groups are over three years of age. They attend for a half day only, generally two to three times a week."

Dr. E. M. M. Murphy:—

"1. *General Health and nutrition of the children*—very good on the whole.

The Health Visitors and I have made efforts to get the mothers to realize that it is not a good thing to have the babies over-weight. In some of the Clinics we have had a good response.

The level of mothercraft observed among the mothers attending Infant Welfare Centres has remained high.

2. *Cleanliness*—a high standard is maintained.

I have not seen any communicable diseases.

3. There has been a considerable increase in the number of mothers asking for "Triple Antigen" immunisation for their babies at the Infant Welfare Clinics.

The poliomyelitis vaccination sessions on Saturday mornings have been well attended until recently—I think bad weather and the prevalence of bronchitis and influenza have affected the recent sessions.

4. *Health Education at Ante-natal and Infant Welfare Centres:—*

On the whole the patients respond very well to our efforts in this sphere.

5. We have a very good record of attendances at some of the Ante-Natal Clinics, with very few defaulters. The health visitor contacts these few at their homes, and there is usually a good reason for non-attendance, i.e. illness in the family.

In some areas now, i.e. Ripley and Swadlincote—the Ante-Natal care is mostly given by the general practitioners of the area, so the numbers have fallen.

6. I think the liaison between Hospital, General Practitioners and the Local Authority is very good.

7. *The Premature Baby*: those I have seen during the year have done very well.

8. *Incidence of Breast Feeding*: a great many mothers are very keen to do it—and usually have success with the first child. But with the second, and any subsequent children—she usually cannot keep it up for more than a few weeks—this I feel is due to the lack of leisure—the hustle and bustle of modern life is not conducive to breast feeding.

9. *Special Physical Defects*.

I saw one case of webbed toes at one of the Infant Welfare Clinics during the year.

I also saw one child whose speech was delayed—I referred this child to his own doctor—who, in turn arranged for him to be seen by Dr. Laurence. The latter diagnosed a partial defect in the first bronchial arch and is keeping this child under observation.

I have not seen any mentally defective children at the Infant Welfare Clinics this year.

The prevalence of bronchitis is not very great at my Infant Welfare Centres—I think—neither are gastro-intestinal conditions.

I meet the children of “Problem Families”—mostly at the Children’s Homes I inspect annually—I don’t think I have seen any at the Infant Welfare Clinics.

I have seen no evidence of child neglect at the Clinics.

The incidence of anaemia in the ante-natal period is still fairly high—most of the mothers need iron therapy during their pregnancies.

10. *The relaxation Classes* are well attended and these have a very beneficial effect on the course of labour.

Post-natal exercises are also very popular with the patients—when required.

I would like to pay tribute to the excellent work done during the year by all health visitors and midwives with whom I have worked.”

Dr. Muriel M. Helme Sutcliffe:—**A. Infant Welfare Clinics**

Attendances at these Clinics remain about the same as last year with an added number of immunisations but the recent severe winter of 1962/63 prevented many mothers from attending.

	1963	1962
Under 1 year (old cases)	2,107	2,786
(new cases)	843	844
Over 1 year	1,228	945
1 year examinations	155	

1. *General Health and Nutrition of Infants* attending Clinics is in most cases very good but one feels that these only represent a portion of the populace, the problem families being seldom seen although some few cases are brought in by the Health Visitors—no gross cases of vitamin deficiencies were seen but many of the toddlers receive no Vitamin A.D. preparations. Many of the babies are grossly overweight and seem to be fed on excessive carbohydrates and sweets. Dummies are still to the fore and a fair number of cases of Nappy Rashes are seen, often due to faulty washing procedures. Many mothers need advice on feeding problems, or the use of expensive tinned Baby foods is very evident.

2. *Cleanliness is generally good* in Infants seen but a few mothers in A.N. classes are below standard. One case of a type of scabies was referred to the Skin Specialist for diagnosis.

Epidemics of Measles, Rubella, Whooping Cough and Chicken Pox have been reported but only one seen at the Clinic.

3. *Immunisation progresses well*, the use of triple vaccine having popularised it and the use of Disposable Syringes has made this possible at Hall Clinics. Triple Boosters are being given at 2 years but difficulty is experienced in obtaining details of former immunisation procedures carried out by G.P's or elsewhere and no such details are given to parents.

Oral Polio Vaccine is widely accepted and many mothers are receiving doses at Clinics with their infants.

During the year, numbers have increased greatly:—

	1963	1962
Triple	1,317 injections	886 injections
Polio	1,991 doses	1,424 doses
Booster Triple	52 doses	—

Several cases of probable mild whooping cough have been reported in immunized children during the current epidemic. Smallpox vaccination is now only occasionally requested.

- (a) *Premature Babies* usually show good progress and, if anything, tend to gain excessive weight.
- (b) *Breast Feeding* is perhaps slightly on the increase although seldom carried out. The fallacy of "too weak milk", is often quoted with resultant early resort to the feeding bottle after an insufficient trial period.
- (c) No definite relation has, as yet, been noted in regard to defects with infants "at risk" but it is too early yet to be certain—many of those originally designated as "at risk" appear to develop normally.
- (d) Several infants with mental defects have been noted including some mongols and other types of backwardness whilst one child is possibly being classified as of "dwarf type"—all these are being cared for at home with varying degrees of parental awareness of their condition.
- (e) *Respiratory Disease* is very wide-spread and mothers complain of frequent coughs and colds—which is often more evident with the "overweight" babe or infant. It would seem that this may be related to the absence of adequate heating facilities in the bedrooms of both old and new homes.

During the year, many infants have suffered attacks of gastro-enteritis for which several were admitted to hospital.

- (f) *Problem families* are now more evident in some areas than others but, these as noted elsewhere, are more often seen at home by the Health Visitor; cases of actual neglect seldom come to the Clinics.

The presence of extensive Dental Caries in some infants may be regarded as evidence of Child Neglect.

Congenital Abnormalities, both major and minor, have been noted; amongst them were Pyloric Stenosis, two cases Bronchial Cyst, foot and hand deformities, partial hypospadias, cardiac abnormalities, inguinal hernia and hydrocoele. It would seem that umbilical hernia and pale vascular naevi may be on the increase and the treatment of the former varies widely with practitioners.

B. Ante-Natal Clinics

Numbers of patients seen show a continued slight decline as more G.P's undertake A.N. care.

	1963	1962
New cases	284	337
Attendances	1,630	1,863
Post Natal	55	62

4. *The Role of the M.O. in Health Education* consists of individual talks with the mothers. Health Visitors and Midwives organise and carry out lecture and class tuition. Owing to limitation of numbers Relaxation Classes consist almost entirely of Primipara and one wonders whether group discussion could not with advantage be instituted for other parties on problems they have found for themselves.

5. *The Follow-up of A.N. Clinic defaulters* by Health Visitors or Midwives is very satisfactory and only an occasional mother defaults.

6. *The Integration of Clinic Services with other aspects* depends largely on the individuals concerned. In the case of my area, Scarsdale is very satisfactory in this respect—no medical or obstetrical abnormality is refused admission but the lack of hospital beds limits the number of patients who should be admitted for delivery. Social Bookings constitute an appreciable proportion. Worksop bookings now attend their own general practitioner at this consultant's request.

There are some patients who after an initial few visits to the A.N.C. (including Blood Tests, etc.) revert to their general practitioner and in all Clinics it is noted that patients are only drawn from certain G.P.'s practices. Few cases return for their Post-Natal examination.

The value and interest of the A.N. Clinics work would be enhanced greatly if the co-operation cards issued by us to patients could be returned to the Clinic with full details of any obstetrical or perinatal abnormality.

(h) Only a few cases of moderate anaemia have been noted at the A.N. Clinics but routine Iron and Vitamins are issued to all throughout their attendance and haemoglobin is checked initially and later at about 34 weeks.

Toxaemia is at present on the decline, aided probably by dietetic and other advice from the clinics, but an occasional unexpected flare-up occurs."

NURSERY PROVISION FOR CHILDREN UNDER FIVE DAY NURSERIES

The Authority's five Day Nurseries at Chaddesden, Glossop, Ilkeston (two), and Long Eaton, continue to operate satisfactorily, and no major changes took place.

Student Training.

During the year under review ten students from the County Day Nurseries completed a two-year course of training and all but one were successful in gaining the Certificate of the National Nursery Examination Board.

The students received courses of Further Education and attended a training centre for this purpose on two days per week. While in the Nursery they are, of course, continually under expert supervision and receive practical training while taking part in the daily life of the Nursery. For this reason, the Ministry of Health has laid down that students in training shall not rank as full members of the staff, but three student places shall be regarded as equivalent to one full-time member. Students from Chaddesden Day Nursery attend a course of

Further Education at Derby. Arrangements have been made for the Ilkeston and Long Eaton Students to attend the Nursery Training Centre in Nottingham.

Charges to Parents.

The maximum charge to parents is 10/0d. per day, while the minimum charge is 3/0d. per day. The scale of charges to decide when a reduction in the maximum shall be made is as follows:—

	<i>Net weekly earnings of parent and spouse (if any)</i>						<i>Charges per day</i>		
	£	s.	d.	£	s.	d.	£	s.	d.
Not exceeding				8	0	0	3	0	
	8	0	0 to	9	0	0	5	0	
	9	0	1 to	10	0	0	5	6	
	10	0	1 to	11	0	0	6	0	
	11	0	1 to	12	0	0	6	6	
	12	0	1 to	13	0	0	7	0	
	13	0	1 to	15	0	0	8	0	
	15	0	1 to	17	0	0	9	0	
Exceeding				17	0	0	10	0	

Where the net weekly earnings are less than £17, the charge for a second child is 1/0d. per day less than the assessed charge for the first child, subject to a minimum of 3/0d. per day for each child.

The Chairman and Vice-Chairman are authorised to deal with any cases of hardship.

Medical Inspections.

Each Nursery is visited once each month by one of the Authority's Medical Officers. During these visits all new admissions are examined and any other children who have been under recent medical treatment or about whom the mother wishes special advice. Regular attenders are examined about once every six months. It is thus possible to detect defects in their early stages and with the co-operation of the general practitioner to secure early treatment. Special inspections are made in the case of infectious disease and the nurseries are also visited from time to time by Medical members of the Central Office staff and by the Superintendent Health Visitor.

Dental Inspections.

The yearly inspections were carried out and with a few exceptions the dental condition of the children found to be good. The few defects were mostly of a minor nature. They occurred in the older toddlers and were dealt with easily. Of the 144 examined it was necessary for only 19 to have treatment.

Protection of Children against Tuberculosis—Ministry of Health Circular 64/50.

In accordance with the recommendations of the Joint Tuberculosis Council contained in the above Circular, all the staffs of Day Nurseries are subject to an x-ray examination of the chest before appointment and annually thereafter. This is laid down in the conditions of service set out in the application forms signed by all candidates for nursing posts in the County Nurseries, while a similar form agreeing to an initial and annual x-ray is signed by domestic staff before appointment.

During the year, nursing and domestic staffs at the five Nurseries administered by the County Health Committee were x-rayed in groups by arrangements with the Mass Miniature Radiography Units operating in or near Derbyshire. Our thanks are due to the Directors of these Units for their ready co-operation.

Matrons' Reports.

The following reports have been received from the Matrons of the Day Nurseries:—

Chaddesden Day Nursery.

"Number of children on the register on 31st December, 1963	48
Number of children admitted during 1963	40
Number of children who have attended in 1963	88
Average number of children on the register in 1963	46
Average daily attendance under two years	10
Average daily attendance two to five years	24.73
The waiting list	20

Attendance has been excellent, the only marked drop occurred in the month of June owing to an outbreak of measles. The usual disinfection and sterilization of beds and equipment used by the children was carried out. Apart from this the children and staff have enjoyed good health.

The nursery continues to be useful to parents, who, for financial reasons have to leave their children while they go to work.

Five "problem" children were admitted via the clinic during the year; they made excellent progress and the results were satisfying to parents and staff.

Great appreciation has been shown by parents for the care and attention given to their children.

All nursery children have been immunised against diphtheria and vaccinated against poliomyelitis. New children admitted who have not had injections are taken to the local clinic by the students.

Three students entered for and passed the N.N.E.B. examination.

I greatly appreciate my efficient and happy staff; they play the major part in the running of the nursery and maintaining the good health and happiness of the children.

The nursery equipment is in good order and repairs are dealt with very promptly by the Works Department.

During the year, a new refrigerator has been installed, twelve new beds supplied as well as new blankets and several useful wooden toys.

I would like to extend my appreciation to the Committee for their thought and consideration shown to parents in financial difficulties. I was happy to be in the position to pass on the very reasonable assessment of fees made and to see the benefit reaped by both parents and child.

The visits from the members of the County Health Committee have been enjoyed by all members of staff and we wish to thank them for the keen interest they have taken in the welfare of the nursery."

Whitfield Day Nursery, Glossop.

"No. of children on the register at 31st December	0-2	17	} 40
	2-5	23	
No. of children admitted during 1963	0-2	39	} 66
	2-5	27	
No. of children who have attended in 1963 .. ..	..	..	92
Average number of children on the register during 1963	..	..	41
Average daily attendance—under 2 years .. ..	..	..	13
Average daily attendance—2 to 5 years .. ..	..	..	19

Attendances were very low during January, February and the beginning of March due to an epidemic of measles, and the bad weather. School holidays also account for low attendances when older children are at home to look after the younger ones; otherwise attendances have been fairly good.

Infectious Diseases. Measles went through the Nursery at the beginning of the year, except for two children who had already had the disease previously. There was one case of Rubella in June.

Priority cases which have been dealt with are:—

- 1 Widowed mother
- 4 parents separated or unmarried mother
- 2 mothers in hospital for confinement
- 1 mother recuperating from a major operation
- 1 mother suddenly taken ill
- 1 father detained during Her Majesty's pleasure.

The demand for this Nursery is chiefly for those from 0-3 years of age, with very few children attending between the ages of 3 and 5 years.

Maintenance of the Premises. The kitchen, milk room, corridor, bathroom, toilet and laundry walls and ceilings have been re-decorated, with much improvement to the appearance of the Nursery. The front part of the Nursery yard has been re-surfaced with tarmac which is of a smoother and softer texture, and I am sure will be greatly appreciated by the children.

Staff changes.

Mrs. M. White, Cook, left 18.1.63 after seven years' service.

Mrs. V. Higginbottom appointed Cook 4.2.63.

Mrs. M. Chatterton appointed part-time Domestic 21.1.63.

Mrs. B. Campbell appointed full-time Domestic 4.2.63.

These additions to the staff have been most useful.

Miss Hilary Bowden appointed full-time Nursery Assistant on 28.1.63, left 24th December, 1963, to commence her training for a nurse at the Manchester Royal Infirmary. I can highly commend her services rendered during her short stay with us and she has already been missed by the children and the staff."

Station Road Day Nursery, Ilkeston.

"The figures for 1963 are as follows:—

No. on the register 31.12.63	..	..	..	..	..	35
No. admitted during 1963	..	..	..	..	..	36
No. discharged during 1963	..	..	..	..	..	36
No. who have attended in 1963	..	..	..	..	..	67
Average number on register	..	..	..	..	..	32

There is very little difference between these figures, and those of 1962. Yet there is a very slight increase in the average daily attendance, being as follows:—under 2 years, 7.4; over 2 years, 11.4; making a total of 18.8, compared with 17.7 in 1962.

During the year the highest number of part-time children on the register has been 10 and in November-December we had a waiting list of 7,—the first time for a number of years.

At the beginning of the year we had 3 cases of measles, these being a follow on from December, 1962. In the Spring we had 16 cases of Sonn  Dysentery. This was the first time we had had Sonn  Dysentery in the Nursery, on this scale during the 10 years I have been at Station Road. On investigation, it appeared the infection had been prevalent in Ilkeston, for some weeks, prior to our children being affected. Fortunately none of the children were seriously ill. Later in the year we had 1 case of Chicken-pox and 9 cases of mumps.

During these periods of infection the usual precautions were taken. Following the Sonn  Dysentery, however, faecal specimens were sent for testing from all new admissions up to the end of July.

There has been the usual absences from coughs and colds; also there was some non-attendance in March through parents working short-time owing to shortage of work.

Maintenance of the Nursery premises has been carried out satisfactorily by the Works Department.

In July the nursery student was successful in passing the N.N.E.B. examination. She left at the end of August to take up a post of private nannie.

One of our students who had been in the Nursery only one year, left. We were fortunate in being able to replace her, so that the student complement stands at two for the first year and one for the second year.

To the members of the County Health Committee who have paid visits to the nursery during the year, may I say how I appreciate their interest and helpful comments.

Finally as we enter a new working year, I trust that the Nursery Service will continue to be a useful amenity in the Ilkeston area."

Whitworth Road Day Nursery, Ilkeston

Number of children on register at 31st December, 1963	..	46
Under 2 years	.. .. 12	
Over 2 years	.. .. 34	
Number of children admitted during 1963	.. .. 44	
Under 2 years	.. .. 21	
Over 2 years	.. .. 23	
Total attended	.. .. 90	
Average number of children on register	.. .. 44	
Average daily attendance	.. .. 30	
Under 2 years	.. .. 10	
Over 2 years	.. .. 20	

Part-time attendance—5 daily.

The Nursery has had quite a satisfactory year. The average being slightly in excess of last year. The attendance figures have been affected by having more infectious illness amongst the children than for some years; the town suffering epidemics of dysentery and mumps, and these in turn affecting both children and staff.

German Measles	17 children
Measles	3 „
Dysentery	19 „ and 4 staff
Mumps	10 „ and 2 staff

The Nurseries have been fumigated and all blankets washed and stored.

We have been able to help some really necessitous families suffering from separation, divorce and hardship. The Nursery still serves a very useful social service and we receive good co-operation from the Health Visitors, Doctors and Social Services in the town. The majority of our children are from a good cross-section of the population; teachers, nurses, office workers, light and heavy industries (crane drivers and upholstery workers).

We are very pleased with the new floors in the office, isolation and staff room. They are a great improvement. The toys, indoor and outdoor, have been repaired and we have had some new toys, which include the Multi-purpose Unit boxes and planks.

Two students sat the N.N.E.B. examination; one passed and is now training in a London hospital to become a nurse.

We have had 6 visits from members of the County Health Committee. It is always encouraging to meet our County Health members. We appreciate the interest shown in the Nursery.

The staff have worked splendidly for the benefit of the Nursery during 1963."

Long Eaton Day Nursery.

"Number of children on the register at 31st December, 1963	50
Number of children admitted during 1963	46
Number of children who have attended in 1963	85
Average number of children on the register during 1963 ..	53
Average daily attendance—under 2 years	9.05
Average daily attendance—2 to 5 years	26.4

The children have all attended very well during the past year, apart from odd days off with coughs and colds. Sometimes children have also been absent owing to the illness of a parent.

A number of children were admitted on compassionate grounds; the mother being pregnant or ill at home or in hospital.

Twenty cases of measles were recorded, fifteen of chicken-pox and five of german measles.

New equipment comprised two new gas cookers, six rest beds and six cellular blankets (cotton). The change over from solid fuel to heating by gas has commenced.

Miss Dodd, our Cook for sixteen years, retired in March. She was replaced by Mrs. Christian, and later Mrs. Wilson was appointed permanent Cook.

Three students sat for the N.N.E.B. examination and all three were successful.

We all welcome and appreciate the visits of the members of the County Health Committee."

Reciprocal arrangements with other Authorities.

As a general principle the County Health Committee has decided that payment be made for all Derbyshire children who attend other Authorities' Day Nurseries or vice versa; that the home address be taken into account in deciding which nursery is appropriate; and that a charge be made in accordance with the Derbyshire scale of assessment.

Derbyshire children on the eastern border of the County may attend Nottinghamshire Day Nurseries and vice versa, the difference between the charge to the parent and the cost per child-day being met by the appropriate Authority. At the end of the year ten Derbyshire children were attending Nottinghamshire Day Nurseries, and three Nottinghamshire children attended a Derbyshire Day Nursery during the year.

Children living near to the northern border of Derbyshire may attend Sheffield Day Nurseries, the Derbyshire County Council being responsible for the difference between the actual cost and the charge made to the parent. Five Derbyshire parents took advantage of this arrangement during 1963.

At the end of the year, thirty-one children from the County Council's area were attending Derby Borough Day Nurseries.

Training of Pupil Assistant Nurses.

The arrangement continued during the year whereby Pupil Assistant Nurses employed by the Derby Area No. 1 Hospital Management Committee work for a period of six or eight weeks at one of the Day Nurseries to gain experience. The Management Committee supplied their services free of charge, and the Derbyshire County Council provided their meals.

Conference.

The National Association of Nursery Matrons held its Annual Conference at Bournemouth on 30th and 31st March, 1963, and arrangements were made for the Matron of Whitfield Day Nursery, Glossop, to attend.

MIDWIFERY SERVICE

(Section 23)

General arrangements for the Service.

The County Council in July, 1948, became the responsible Authority for providing a domiciliary Midwifery Service for the whole of the Administrative County, including Chesterfield. The Borough Medical Officer, assisted by a Maternal and Child Welfare Medical Officer and one non-medical Supervisor of Midwives, supervises the Midwifery Service in Chesterfield Borough, under the general direction of the County Medical Officer of Health. The remainder of the County is administered from the central office in Matlock, and the County Medical Officer is assisted in carrying out the necessary supervision of Midwives by the Deputy County Medical Officer, a Senior Maternal and Child Welfare Medical Officer, and two non-medical Supervisors of Midwives.

Regarding midwives employed in Institutions, supervision is exercised by the Maternal and Child Welfare Medical Officers, as well as the non-medical Supervisors of Midwives—under the general direction of the County Medical Officer of Health.

Regarding the midwives employed by the County Council, it has not been possible in all areas to divorce Midwifery completely from Home Nursing. This is partly due to the qualifications and grading of nurses transferred from Nursing Associations in 1948 and partly to the fact that in sparsely populated areas it results in the area to be covered becoming unwieldy. The travelling would then be excessive, bearing in mind the number of cases a midwife is expected to attend. The divorce of Midwifery from Home Nursing is a desirable aim, but I do not think that this can be achieved entirely in this County because of its geographical features. An idea of the staffing position for the period under review can be obtained from the following table:—

	<i>Number of Midwives on the staff at the end of</i>						
	1957	1958	1959	1960	1961	1962	1963
County Midwives ..	72	70	68	74	78	82	80
Home Nurse Midwives	29	29	28	28	26	25	21

In order to enable the domiciliary midwives to make the best use of their time and also to transport equipment, including analgesia apparatus, to their patients, the Authority agreed to grant travelling allowances to Midwives for the use of motor cars. In addition, the Authority's "assisted purchase of cars scheme" was extended to Midwives wishing to obtain loans for this purpose. At the time of writing this Report seventy-six Midwives out of a total eighty and twenty-one Home Nurse-Midwives out of a total of twenty-one are using motor cars.

The areas covered by County Midwives and Home Nurse Midwives have been drawn having regard to (1) the amount of work performed; (2) the convenience of patients; (3) the situation of the Midwives' residences; and (4) the "mobility" of Midwives.

It has been estimated that each Midwife can undertake approximately sixty-six cases per annum, and it has been stated that one Midwife is required for 5,000 to 6,000 of the population in an urban area. It is intended on this estimation, that her duties shall include ante-natal care, attendance at the confinement and nursing of the mother and baby for a minimum of fourteen days during the lying-in period.

At the end of 1963 there were 190 Midwives on the County Roll; eighty-nine were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; eighty were County Council Midwives; and twenty-one were County Council Home Nurse/Midwives.

Uniform.

All midwives on the staff are provided with the official uniform recommended by the Central Midwives Board.

Housing.

It is a rule of the Authority that a Nurse should live in the area for which she is primarily responsible, in order that she may be readily available when called upon. Difficulty has occasionally been encountered in the past by Nurses in securing accommodation in some areas, although a number of Local Sanitary Authorities have been extremely helpful in letting houses either directly to the County Council for occupation by a Midwife or to the officer concerned. Where this assistance from the Local Sanitary Authorities has been forthcoming, very little difficulty has been experienced in filling vacancies.

Statistics.

The following table sets out certain relevant figures regarding the Midwifery Service for the years 1957 to 1963.

	1957	1958	1959	1960	1961	1962	1963
Numbers of cases attended by Midwives employed by the Authority :							
(i) As Midwives	3,430	3,500	3,548	3,705	3,346	3,544	5,028
(ii) As Maternity Nurses	1,351	1,248	1,304	1,246	1,361	1,714	—
Total	4,781	4,748	4,852	4,951	4,707	5,258	5,028
Number of cases in which Gas and Air was administered	639	374	411	369	375	247	195
Number of cases in which Pethidine was administered :							
(i) When acting as a Midwife ..	1,954	1,927	1,989	2,198	1,954	1,972	3,150
(ii) When acting as a Maternity Nurse	795	707	781	754	857	1,042	—
Number of cases in which Trilene was administered :							
(i) When acting as a Midwife ..	2,237	2,477	2,733	2,977	2,618	2,879	4,096
(ii) When acting as a Maternity Nurse	755	791	929	893	1,097	1,382	—

Gas and Air Analgesia.

The number of Midwives in practice in the County at the end of the year who were qualified to administer Gas and Air Analgesia in accordance with the requirements of the Central Midwives Board, was as follows:—

Domiciliary Midwives	101
Employed in Homes and Hospitals in the National Health Service	87
Employed in Nursing Homes or Maternity Homes not in the National Health Service	—

The number of cases where gas and air analgesia was administered by Midwives in domiciliary practice during the year 1963 was 195.

Facilities are provided to enable domiciliary Midwives practising in the area to attend courses of instruction on the administration of analgesics in institutions approved by the Central Midwives Board.

In all cases where Gas and Air Analgesia is administered by a Midwife in domiciliary practice, a “second person” must be present who is acceptable to the patient as well as to the Midwife.

Pethidine.

As a consequence of the authority contained in Statutory Instrument No. 380 of 1950, the Dangerous Drugs Regulations, 1950 authorising Midwives who have notified their intention to practice to the Local Supervising Authority to be in possession of and to administer medicinal opium, tincture of opium and pethidine, all Midwives were issued with Dangerous Drugs books, and arrangements were made for the issue of pethidine from the Central Office. The number of cases in which pethidine was administered during 1963 was 3,150.

Trichloroethylene B.P. (Trilene).

All Midwives employed by the County Council have been instructed in the use of, and provided with, Trilene Inhalers, as an alternative method of inhalational analgesia to Gas and Air. The Inhalers are of a type approved by the Central Midwives Board for use by midwives, the same conditions being enjoined regarding the medical examination and the presence of a “second person” as with Gas and Air Analgesia.

The number of cases where Trilene was administered by midwives in Domiciliary practice during the year was 4,096.

Refresher Courses.

Since 1st February, 1955 all midwives have attended a Refresher Course as laid down under Section “G” of the Rules of the Central Midwives Board. Under this arrangement midwives will continue to be sent at regular intervals. In addition, the Supervisors of Midwives attend in rotation the annual Post-Certificate Courses conducted by the Association of Supervisors of Midwives.

Training of Pupil Midwives.

Arrangements were made with the Sheffield Regional Hospital Board for the training of Pupil Midwives in the Chesterfield area.

The arrangements provided for the Regional Hospital Board paying; (1) the pupil Midwives' salaries and (2) £3 3s. 0d. per week to the Midwife for providing board and lodging for each pupil; while the County Council pays £30 per annum to the Midwifery Teacher.

HEALTH VISITING

All the health visiting services in the County are carried out directly by the Authority and, therefore, no agency arrangements with other bodies are in force. The Health Visitors are also School Nurses. Their work in the latter capacity has been dealt with in my Annual Report as Principal School Medical Officer to the County Education Committee. A great deal of their work for the County Health Committee has already been referred to (under Section 22) as a substantial part of the care of mothers and young children is in their hands.

The Health Visitor's duties are many and varied; in this County they include school nursing, attendance at maternal and child welfare, tuberculosis and poliomyelitis clinics, tuberculosis visiting, care of the aged and the subnormal and handicapped child. Much progress has been made, especially at Mothercraft and Relaxation Classes and in the schools.

In the year under review three Health Visitors retired; one resigned to get married and one resigned to take up the post of Tutor to the Community Nurse Training Course at Manchester University. Seven new Health Visitors have been appointed including two County Council sponsored students who qualified in the summer of this year.

Increasing stress is being laid on the importance of liaison between the Health Visitor and the General Practitioner. For many years in this County Health Visitors have been asked to introduce themselves to the General Practitioners when they commence work in their area. Many Health Visitors have no hesitation in discussing problems relating to patients with the General Practitioner concerned but there is still room for closer co-operation between all field workers on the district.

Health Visitors are in frequent touch with the hospitals, either directly through the hospital almoner or by receiving written details of cases when they are discharged from hospital. In this way they are kept informed of any cases requiring their special supervision and help.

Training of Health Visitors.

In view of the shortage of candidates to this branch of the nursing profession, a scheme is in operation whereby State Registered Nurses under thirty-five years of age who hold at least the first certificate under the Central Midwives Board's rules, will be assisted in undertaking training for the post of Health Visitor under certain conditions. Briefly these conditions provide for the County Council being responsible for the full cost of training at an approved training centre, and the student being paid the minimum of the Health Visitor's salary during the training period. A further important condition is that, if required, the candidate will remain on the staff of the County Council for at least two years after the completion of training. A formal agreement is drawn up between the nurse and the Authority to ensure the necessary financial safeguards, in view of the Authority's expenditure in providing for the nurse's training.

In all there are 27 Health Visitors in the County who were trained under this scheme since 1949, and of these only 4 have left the County Council's service since their contracts expired. Four students commenced training in October of the year under review.

STATISTICS RELATING TO MATERNAL AND CHILD WELFARE

Statistics regarding the Authority's Maternal and Child Welfare Services are submitted annually to the Ministry of Health, and appear at the end of this report (Appendix I).

Certain facts are extracted for use in the Department, but as they are likely to be of general interest they are set out in the table on pages 78 and 79, for easy reference. The headings under which the statistics appear are self-explanatory and give a summary of the position from year to year with regard to certain of the services provided under Section 22 of the National Health Service Act. (It will be appreciated that all figures are based on the number of notified births, which varies slightly from the number of registered births provided by the Registrar-General).

MATERNAL AND CHILD WELFARE

1. Ante-natal Clinics—

Number of sessions	1,224
New Cases	1,962
Ante-Natal attendances	8,189
Post-Natal attendances	279

2. Visits to Homes—

Number of children under five years of age visited during year	60,714
Children under one year of age:—	
Cases visited	14,488
Children age one year and under two years:—	
Cases visited	16,205
Children age two but under five years:—	
Cases visited	30,021
Tuberculosis Households:—	
Cases visited	1,177
Other cases visited	3,872

3. Infant Welfare Centres:—

Number of sessions	5,775
Number of children who attended during the year and who were born in:—	
1963	7,663
1962	7,339
1961-58	6,120
Total number of children who attended during the year	21,122
Total attendances during the year	188,182

		1956	1957	1958	1959	1960	1961	1962	1963
NUMBER OF NOTIFIED BIRTHS :									
Live Births	.. ..	10,769	10,946	10,991	12,532	12,908	12,975	13,954	14,042
Still Births	.. ..	250	274	298	281	291	281	289	226
Total Births	.. ..	11,019	11,220	11,289	12,813	13,199	13,256	14,243	14,268

DOMICILIARY MIDWIFERY :

L.H.A. Midwives—Number of cases attended :									
as Midwives	.. ..	3,349	3,430	3,500	3,548	3,705	3,346	3,544	5,028
as Maternity Nurses ..	.. ..	1,402	1,351	1,248	1,304	1,246	1,361	1,714	—
Total	.. ..	4,751	4,781	4,748	4,852	4,951	4,707	5,258	5,028

Midwives in private practice—Number of cases attended :

as Midwives	.. ..	2	—	—	—	—	—	—	—
as Maternity Nurses ..	.. ..	3	5	—	—	—	—	—	—
Total	.. ..	5	5	—	—	—	—	—	—
Domiciliary Cases—Grand Total	.. ..	4,756	4,786	4,748	4,852	4,951	4,707	5,258	5,028

	1956	1957	1958	1959	1960	1961	1962	1963
Number of Domiciliary Cases attended as a percentage of all notified births	43.16	42.66	42.05	37.79	37.51	35.5	36.91	35.24

ANALGESIA.

Number of cases in which inhalational analgesics were administered by L.H.A. Midwives in Domiciliary practice	3,104	3,631	3,642	4,073	4,239	4,090	4,508	4,291
Number of cases of Analgesia as a percentage of domiciliary births	65.3	75.86	76.7	83.94	85.61	84.77	85.73	85.34

ANTE-NATAL CLINICS.

Number of L.H.A. Clinics	23	24	24	24	25	25	25	25
Number of new cases attending during the year	3,837	3,349	3,149	2,924	2,732	2,229	2,065	1,962
Number of new ante-natal cases as a percentage of all notified births	34.8	29.85	27.89	24.38	20.69	16.8	14.49	13.75

POST-NATAL CLINICS :

Number of cases attending during the year (including post-natal cases at Ante-natal Clinics)	559	506	485	473	470	399	308	279
Number of new post-natal cases as a percentage of all notified births	5.07	4.51	4.29	3.69	3.56	3.09	2.06	1.95

INFANT WELFARE CENTRES :

Number of L.H.A. Centres	88	92	95	97	98	101	103	107
Number of Voluntary Centres	2	2	2	2	2	2	3	3
Number of children who first attended an Infant Welfare Centre during the year (under one year)	6,663	7,069	7,294	9,108	9,205	9,589	10,451	7,663
Number of first attendances of children under one year of age at I.W.Cs. as a percentage of notified live births	61.87	63.00	66.36	72.67	71.31	72.34	73.37	54.57

HOME NURSING SERVICE

(Section 25)

This service has now been in operation for fifteen years and its value to the community is so well-known and appreciated that little comment is necessary. Much of the nurses' time is taken up in nursing the elderly. Their services also do much to relieve the pressure on hospital beds. It has been found that nursing in the home, when possible, is far more acceptable to the majority of patients than treatment in hospital, particularly with the elderly and young children, as they seem to progress more favourably in familiar surroundings.

The County Council, through their Care and After Care Service, provide a large number of nursing aids which prove very helpful in the nursing of patients in their homes.

In the interests of the service, when vacancies for nurses occur, the circumstances of the area are reviewed to see if any changes are desirable.

The following table gives some indication of the staffing position since the inception of the service.

	1949	1950	1955	1960	1961	1962	1963
Full-time—							
Home Nurse-Midwives	43	38	30	28	26	25	21
Home Nurses ..	91	104	108	113	115	127	128
Total	134	142	138	141	141	152	149
Part-time	—	2	—	1	—	—	—
TOTAL full-time and part-time	134	144	138	142	141	152	149

During 1963 the nurses attended 13,710 patients and the number of visits paid was 378,279; 43% of the patients attended were over sixty-five years of age at the time of the first visit, and 2% were under five years of age.

The County Council has realized the advantage to all concerned of nurses using cars in connection with their duties, and it is their policy to grant car allowances to these Officers. The number using cars at the time of writing is 144 out of 149 nurses. Many nurses take advantage of the County Council's Scheme for granting loans towards the purchase of cars.

Local Housing Authorities have again been helpful in renting houses on their housing estates for occupation by home nurses, thus enabling the nurses to reside where there is a concentration of people.

The principle of enabling nurses to attend post-certificate or refresher courses every five years has been continued, and in addition to this, in recent years, a limited number of nurses have been allowed to attend special courses on Mental Health. This type of course is felt to be important in view of the changing attitude towards mental illness. There can be no doubt that money spent on these courses is well worthwhile, as the nurses are made aware of the latest advances in treatment.

VACCINATION AND IMMUNISATION

(Section 26)

At the time of writing this report in June 1964, the Authority's services are available to provide immunisation facilities against diphtheria, poliomyelitis, smallpox, tetanus and whooping cough. These prophylactics are, of course, available at all the County Council's Clinics and, if patients desire, they can be administered by their own Medical Practitioners to whom the County Council makes available the appropriate antigens.

The question of vaccination and immunisation is never lost sight of when the Department's Health Education Programme is considered.

Meetings are arranged with the County Council's medical staff from time to time, when aspects of immunisation programmes which are of current interest are discussed and problems are brought forward.

In 1962, the Ministry of Health issued circular 17/62 to County and County Borough Councils, asking that every Local Authority should make it their business to be sure that with the collaboration of local doctors they had arrangements planned which would raise the standards of immunity in their respective areas to a level with the best in the country. We have always appreciated the importance of collaboration with local doctors and, as mentioned above, patients, if they desire, may be immunised by their own doctors to whom the Council makes available the appropriate antigens. A letter over the signatures of the Chairman and the Secretary of the Derbyshire Local Medical Committee and the County Medical Officer of Health was sent to all practitioners practising in Derbyshire on 13th February, 1963, as follows:—

“At the meeting of the Derbyshire Local Medical Committee held on 7th February, 1963, the County Medical Officer of Health drew the attention of the Committee to a request that has been made by the Minister of Health that, with the collaboration of the local Doctors, every endeavour be made to raise the standards of immunity against all the diseases against which protection is available under the national scheme—at present, diphtheria, poliomyelitis, smallpox, tetanus and whooping cough.

Speaking at the annual lunch of the Royal Society for the Promotion of Health in London on 18th July last, the Minister commented that “Whenever there is a local outbreak of one of these diseases, we see reports and pictures in the papers of queues of people forming up in a panic to get themselves or their children protected. These queues are the evidence of responsibilities neglected. They are unfair to doctors, unfair to health authorities, unfair to those responsible for the supply of vaccines, unfair above all to the victims for whom it is already too late when the queue starts to form”.

Smallpox. Referring to smallpox, the Minister mentioned that at the end of 1961 the acceptance rate for vaccination of infants against smallpox varied in different parts of the country from 100% to 1%! You may recall that we wrote to you about smallpox vaccination on 6th January, 1955, seeking your co-operation in improving the acceptance rate in Derbyshire. At that time the percentage vaccinated was 5.4. At the end of 1961, the comparable figure had risen to 9%. You will have received from the Executive Council a copy of the Ministry of Health's Circular M.L. 10/62

concerning the present policy as regards routine vaccination against small-pox. It is felt that the patient's own Doctor, if he took a particular interest in this matter, might be able to improve on the above figure, bearing in mind that the average for England and Wales in 1961 was 40%, and that the Isles of Scilly have actually achieved 100%!

Whooping Cough and Diphtheria. The Minister commented that for whooping cough the range of percentages of children immunised under 2 was from 11% to 93%, (Derbyshire in 1961 was 43%). For diphtheria immunisation the range was from 39% to 90% in different parts of the country for children under 5. (Derbyshire was 62%).

Poliomyelitis. The Minister remarked that "Perhaps the picture for poliomyelitis . . . is more encouraging, doubtless because the pressures both of fear and of consciously directed effort have been stronger and more recent. In a dozen counties and county boroughs a standard of over 90% immunisation of children and young people up to the age of 18 has been achieved already". (Derbyshire was 77%).

Planned Programme Needed. The Minister said that what is needed is a comprehensive and planned programme of immunisation and vaccination. He said "it must be planned in the sense that the immunisations should be given in the manner and order that will afford the greatest possible measure of immunity against each disease when the risk of exposure is greatest; that will involve the least risk of harmful reactions and complications; and that will reduce to the minimum the number of separate inoculations and, therefore, of visits to the doctor or clinic". He referred to the two suggested schedules of immunisation which had already been published for the guidance of general practitioners and the medical staff of local health authorities on the advice of the Standing Medical Advisory Committee (Schedules P & Q).

The Local Medical Committee gave their approval to this letter being sent by the undersigned to all Doctors practising in the Administrative County, seeking their help in raising the standards of immunity to a level with the best in the country."

Poliomyelitis

Immunisation against poliomyelitis has now become sufficiently well established and understood in the country and in the county as to need little further amplification on my part.

There were no differences during 1963, except possibly more emphasis was placed on oral immunisation rather than immunisation by injection and the figures given below bear out this point.

However, as some doctors or patients may prefer to use the vaccine which is administered by injection, it has still been available throughout the year under review. The following table refers to the numbers of injections given during 1963 and also the numbers who received oral vaccine:—

2 injections of vaccine	815
3rd injection of vaccine	1,566
4th injection of vaccine	812
3 doses of oral vaccine	11,294
3rd doses of oral vaccine after 2 injections of Salk vaccine	4,049
4th or reinforcing doses of oral vaccine	7,839

It will be appreciated that at this stage there is still some overlapping of the two types of vaccine and persons who received their primary course of immunisation with one vaccine may have received their reinforcing dose with the other type.

On the whole the success which has attended the vaccination campaign and the ease of administration of the oral vaccine, as well as the greater convenience to both the patient and the doctor, leads to the conclusion that the oral method will gradually supersede the vaccine which is given by injection.

The Ministry of Health has stated that 53% of the children born in 1962 have been immunised, which is the same as the percentage for England and Wales.

Diphtheria

There were no cases of diphtheria during 1963, but it should be remembered that in 1961 two cases occurred after five years in succession without a case occurring. This, of course, emphasises the need for continued watchfulness with regard to the prevention of this disease. The table below shows the number of cases given primary and booster doses from 1954 to 1963:—

Immunisation against Diphtheria.

<i>Year</i>	<i>Primary</i>	<i>Booster</i>
1954.. ..	7,531	5,862
1955.. ..	7,677	8,028
1956.. ..	8,314	5,831
1957.. ..	8,577	6,570
1958.. ..	8,973	4,536
1959.. ..	9,552	4,492
1960.. ..	13,152	13,166
1961.. ..	12,544	7,562
1962.. ..	9,891	3,794
1963.. ..	10,179	4,451

The Ministry of Health has estimated that in this County 63% of the children born in 1962 have been immunised, compared with 65% for England and Wales.

Smallpox

No cases of smallpox occurred in the County during 1963. The following Table shows the number of vaccinations over the last ten years. The high numbers for 1962 were a result of the widely publicised epidemics which occurred in various parts of the Country during that year.

Vaccination against Smallpox

<i>Year</i>	<i>Vaccination</i>	<i>Re-vaccination</i>
1954 ..	1,815	568
1955 ..	1,816	476
1956 ..	2,276	564
1957 ..	2,833	656
1958 ..	3,541	715
1959 ..	3,234	648
1960 ..	3,517	736
1961 ..	3,197	644
1962 ..	50,973	22,728
1963 ..	3,029	1,356

The following Table shows the numbers vaccinated and re-vaccinated during 1963 in the various age groups:—

NUMBER OF PERSONS VACCINATED (or RE-VACCINATED)
DURING 1963

<i>Age at date of Vaccination</i>	<i>Under 1</i>	<i>1</i>	<i>2 to 4</i>	<i>5 to 14</i>	<i>15 or over</i>	<i>TOTAL</i>
Number Vaccinated	896	428	400	421	884	3,029
Number Re-Vaccinated	—	5	16	117	1,218	1,356

In recent years controversy has arisen as to the desirability of early vaccination and whether this is an essential weapon in combating the disease. The only advice I can give is that I would recommend that every child be vaccinated before the age of two years as at that period complications are less serious than in adolescence and adult life.

Whooping Cough

The following Table is given in the form in which it is sent to the Ministry of Health and shows the number of children who have been given this form of immunisation in 1963:—

<i>Year of birth</i>	<i>Number of children</i>
1963	3,036
1962	5,128
1961	671
1960	163
1959	63
1954-1958 ..	199
1949-1953 ..	33
<i>Total</i> ..	9,293

The Ministry of Health has intimated that 60% of the children born in Derbyshire during 1962 have been immunised against whooping cough, compared with 64% for England and Wales.

During the year, 272 cases of whooping cough were notified, but there were no deaths from the disease.

Tetanus

Tetanus antigen has been available for active immunisation against this disease for use by General Medical Practitioners and the Medical Officers of my Department for a number of years, and during the year 1,106 immunisations were recorded.

It is thought that the following extracts from the "British Medical Journal" of 7th September, 1963 on active immunisation might prove of interest:—

"There is fortunately a growing appreciation of the benefit of active immunization against tetanus—not so much because of the incidence of tetanus (which is quite small) but rather because it can eliminate the necessity of giving tetanus antitoxin after an injury. More illness (in forms of anaphylaxis and serum sickness) is caused by horse-serum than by tetanus. Immunization is particularly indicated for persons who by reason of their occupation or environment are exposed to the risk of tetanus if they are injured; these include agricultural, veterinary, sewage, and garage workers, but almost everyone (especially the child) is at risk. It is a sobering thought that in a recent survey of 33 cases of tetanus 11 (33%) had either no visible injury or one so slight that medical attention was not sought.

Tetanus Toxoid (Tet/Vac)

This vaccine is prepared in two forms, a plain fluid preparation, and one adsorbed on aluminium hydroxide (Tet/Vac/PTAH). Both are effective vaccines, but the adsorbed preparation is rather more effective than the fluid preparation in that it gives a somewhat greater degree of protection between the second and third doses. It has the additional important advantage that it can (and should) be administered at the same time as tetanus antitoxin (A.T.S.). When the fluid preparation is used there should be an interval of at least six weeks between the giving of the antitoxin and the toxoid because of the risk of interference with the response to the latter. Smith *et al.* have shown that interference does not occur when the adsorbed toxoid is given simultaneously with the antitoxin.

Dosage and Intervals between Injections.

A primary course of immunization consists of three doses each of 0.5 ml. There should be an interval of 6 to 12 *weeks* between the first and second doses and one of 6 to 12 *months* between the second and third. The more these intervals are shortened or lengthened the less satisfactory will be the response to the antigen.

Immunization is best started in infancy, the primary course being given in the form of DTP/Vac—three doses at monthly intervals."

The Local Health Authority makes available the immunising material for active immunisation: this is now in two forms—the normal tetanus vaccine (Tet/Vac) and the adsorbed tetanus vaccine (Tet/Vac/PTAH). These are available for the Authority's staff and for General Practitioners, both in $\frac{1}{2}$ ml. or 1 ml. doses. The advantage of the PTAH or adsorbed vaccine is that it can be given at the same time as antitoxin.

Perhaps a further explanation is advisable. While anti-tetanic serum confers passive immunity, toxoid confers active immunity. If toxoid was given at the appropriate times it would be unnecessary to use anti-tetanic serum at all, but unfortunately some people have never had any toxoid and under these circumstances there is no option, in order to give the necessary "cover" immediately to a patient who has an injury that might give rise to tetanus but to give anti-tetanic serum. A number of patients in the past have been given anti-tetanic serum—or anti-diphtheretic serum for that matter—who, if given serum again might develop not only side effects which are serious, but the anti-toxic serum passes through the kidneys quickly, because of the reaction of the body due to being previously sensitised, and it does not then maintain the "cover" of anti-toxin for two to three weeks. There is a further difficulty—that records of patients, whether they are treated by general practitioners, doctors in the hospital sphere, doctors in local authority employment, or industrial medical officers, are often incomplete and we are in a quandary to know what antigens have been given in the past. If we could have uniform records provided nationally, which would be generally acceptable to the medical profession in all spheres of practice, then we would know exactly what had to be done. The difficulty is that you can take a horse to water but you cannot make him drink! In the hospital sphere particularly, because of the uncertainty of reliable clinical records, they sometimes give anti-tetanic serum as well as toxoid. If they afterwards would ask the patient to return in six to twelve weeks time and give some further toxoid, then no more anti-tetanic serum need be given subsequently. A later injury would then require the administration of only toxoid.

Bacillus Calmette Guerin (B.C.G.) Vaccination against Tuberculosis

In my report for 1961, I devoted some five-and-a-half pages to discussing B.C.G., which has now become an established practice. Briefly, there are two schemes for vaccination against tuberculosis: first, the contact scheme which is carried out by Chest Physicians through the Chest Clinics; and secondly the routine vaccination of school children between their 13th and 14th birthdays (subject to parental consent). Details of the work carried out under the two schemes are given below:—

CONTACT SCHEME

<i>Number vaccinated</i>				<i>Number vaccinated</i>			
1953	..	..	269	1959	..	..	586
1954	..	..	379	1960	..	..	444
1955	..	..	387	1961	..	..	652
1956	..	..	339	1962	..	..	480
1957	..	..	530	1963	..	..	370
1958	..	..	694				

Schoolchildren

<i>Year</i>	<i>No. of schools at which skin testing and B.C.G. were carried out</i>	<i>Offered skin testing and B.C.G.</i>	<i>Skin tested</i>	<i>No. found positive</i>	<i>Tuberculin negative</i>	<i>Vaccinated with B.C.G.</i>
1957	6	584	442	} not available	330	329
1958	29	3,098	2,065		1,564	1,542
1959	68	9,694	6,405	1,394	4,891	4,725
1960	79	12,777	8,752	2,043	6,480	6,369
1961	75	9,459	6,032	1,178	4,644	4,566
1962	79	7,983	6,288	1,606	4,561	4,418
1963	84	7,446	5,936	1,287	4,614	4,553

Students attending Further Education Establishments

<i>Year</i>	<i>No. of establishments at which skin testing and B.C.G. were carried out</i>	<i>Offered skin testing and B.C.G.</i>	<i>Skin tested</i>	<i>No. found positive</i>	<i>Tuberculin negative</i>	<i>Vaccinated with B.C.G.</i>
1960	3	117	64	34	30	30
1961	4	390	220	28	185	175
1962	2	56	37	16	21	21
1963	3	357	146	50	95	94

Yellow Fever

Persons who propose to travel to certain countries are required to possess an International Certificate of Vaccination against yellow fever as a condition of entry. The County Council's Clinic, at Cathedral Road, Derby, has been designated by the Ministry of Health as one of the 40 Centres in the Country available for giving this form of vaccination, and since the scheme came into operation on 1st July, 1960, a medical officer of the County Council's staff has attended this Clinic each Monday morning to vaccinate intending travellers. A charge of £1 1s. 0d. is made for each vaccination performed. During the year 91 persons were vaccinated against yellow fever and provided with International Certificates.

AMBULANCE SERVICE

(Section 27)

Structure and Organisation.

During the year the Administrative County continued to be served by a wholly directly-operated service from:—

- (a) four main stations with radio control and one sub-station, all of which are manned throughout the 24 hours; and
- (b) nine sub-stations manned during the day-time only.

In respect of the day stations, night cover was afforded by stand-by arrangements augmented by the main stations' resources, with the exception of Glossop, where complete night cover was given by the Stalybridge Ambulance Station operated by the Cheshire County Council. Day stations continued to be manned from 8 a.m. to 7 p.m. daily, with the exception of Glossop, which is manned from 7 a.m. to 7 p.m.

As mentioned in my report for last year, the Council, pursuing their policy of progressive development, agreed in principle:—

- (i) to extend the hours of manning of day stations until midnight daily; and
- (ii) subject to the approval of the Ministry of Health, to close the Heanor Station which is only approximately four miles respectively from the Ripley and Ilkeston Ambulance Stations, the former being a main control manned at all times and the latter a day station. After the necessary consultations have taken place and approval has been obtained, it is proposed that this policy be implemented as and when provision can be made in the annual estimates to meet the extra cost.

Whilst from the financial standpoint it was not possible for this proposed improvement to be implemented during 1963, provision has been made in the annual estimates for the year 1964/65 for the scheme to be implemented during 1964 subject to the proviso in (ii) above. Having regard to the increase in road traffic and the higher incidence of road accidents, it is felt that the consequent quicker turnout of emergency

crews until midnight daily, in respect of those areas at present covered by standby arrangements during that period, will be an important advance in the Service.

The Superintendents of the main stations continued to supervise the day stations within their own telephone area during the absence of the day station Superintendents for short periods.

The following procedure is adopted for calling an ambulance:—

(a) *Urgent Calls*

If ambulance transport is required to deal with an urgent case, such as a street accident, all that is necessary is to call the telephone exchange operator and ask for "Ambulance". The caller would be automatically put through to the appropriate ambulance station, when the call would be accepted and dealt with regardless of whom the caller might be.

(b) *Non-urgent Calls*

If a patient is suffering from a non-urgent condition, an ambulance or other form of suitable transport would be provided as appropriate, on the authority of a doctor, dentist, nurse or midwife, providing, of course, the patient cannot reasonably be required to travel by public transport.

The Council has kept all hospital and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the Police, the Fire Service and Telephone Authorities, in or serving the County, informed of the addresses and telephone numbers of the Ambulance Stations in the County and the method of calling an ambulance.

The arrangements, which were made at the inception of the Service, whereby the New Mills Ambulance Station gave ambulance cover to the Disley area on behalf of the Cheshire County Council throughout the 24 hours, were continued. Similar reciprocal arrangements in force since the "appointed day" with other neighbouring authorities along the whole of the County boundary were continued, in the interests of economy and efficiency.

As in the past, all long distance journeys outside the County were dealt with centrally, In order to reduce the amount of detailed accounting in respect of journeys undertaken on behalf of other authorities, the arrangements with certain neighbouring authorities to waive charges were continued during the year.

The following is an up-to-date list of addresses and telephone numbers of the County Council's Ambulance Stations:—

Addresses and Telephone Numbers of Ambulance Stations.

Ambulance Station	Telephone Numbers		Address
	8 a.m. - 7 p.m.	7 p.m. - 8 a.m.	
Main Station *MICKLEOVER	Derby 53916	Derby 53916	Station Road, Mickleover, Derby.
Sub-Stations Ashbourne ..	Ashbourne 441		Park Avenue, Ashbourne.
Ilkeston ..	Ilkeston 3401		Manners Avenue, Ilkeston.
Long Eaton ..	Long Eaton 5151		Briar Gate, Long Eaton.
Swadlincote ..	Swadlincote 7041		Civic Centre, Off Mid- land Road, Swadlincote.
Main Station *RIPLEY ..	Ripley 75	Ripley 75	Ivy Grove, Ripley.
Sub-Stations Heanor ..	Langley Mill 3141		Wilmot Street, Heanor.
Matlock ..	Matlock 706		Town Hall, Bank Road, Matlock.
Main Station *BUXTON ..	Buxton 2012	Buxton 2012 (7 p.m. - 7 a.m.)	Park Road, Buxton.
Sub-Stations New Mills ..	New Mills 3333		Park Road, New Mills.
Bakewell ..	Bakewell 2551		Baslow Road, Bakewell.
Glossop ..	Glossop 3101 (7 a.m. - 7 p.m.)		Talbot House, Talbot Road, Glossop.
Main Station *CHESTERFIELD	At all times		Ashgate, Chesterfield.
Sub-Station **Eckington ..	Chesterfield 6282		Castle Hill, Eckington.

*Manned throughout the 24 hours and equipped for radio control.

**Manned throughout the 24 hours. Apart from the requisitioning of ambulance transport, the Telephone No. of this Station is Eckington 2391.

NOTES : (a) For all emergency cases, call the Telephone Exchange and ask Operator for "AMBULANCE".

(b) In all cases of difficulty in contacting a Sub-Station manned only from 8 a.m. to 7 p.m. (or 7 a.m. to 7 p.m. as in the case of Glossop) contact should be made, where necessary, with the appropriate Main Station indicated above.

Conveyance of Mentally Disordered Patients.

No change was made in connection with the transportation of mental patients. The Mickleover Ambulance Station, which is located approximately one mile from the Pastures Hospital, conveyed mental

patients to and from that hospital; under this arrangement full advantage was taken of the use of specially trained nurses from the hospital, for escort purposes. The remaining Ambulance Stations in the County dealt with the transportation of mental patients outside the scope of this arrangement. The Ambulance Service continued to convey patients to one Training Centre in the County, namely, the one at Matlock; all mileage undertaken in this connection was charged to the Mental Health Service.

Conveyance of patients by rail

The conveyance of patients by ambulance/rail/ambulance transport has generally now become accepted as the recognised method for long distance journeys. The number of rail journeys undertaken during the year under review was 234 compared with 239 the previous year. The staff of British Railways, as well as other Local Health Authorities, have been most co-operative in connection with the transportation of patients under these arrangements. Similarly, the British Red Cross Society and the St. John Ambulance Brigade have been most helpful in providing escorts.

Infectious Diseases

As in the past, no special vehicles were set aside for this purpose and all cases of infectious diseases requiring ambulance transport were conveyed by the general Ambulance Service. All ambulance personnel are familiar with the procedure for the disinfection of ambulances and equipment. In connection with the transportation of patients suffering, or suspected of suffering, from smallpox, special equipment is held at each Main Station to deal with any cases which might arise.

All ambulance personnel under the conditions of appointment are required to agree to vaccination against smallpox at such intervals as may be determined by the County Medical Officer of Health and the following table shows the number of ambulance personnel vaccinated during the past five years, in accordance with the policy instituted in 1951 for this to be carried out biennially:—

<i>Year</i>		<i>Smallpox Vaccinations</i>		
1959	101
1960	116
1961	97
1962	128
1963	93

Major Accidents

An emergency reserve of equipment continued to be located at each of the main stations for the purpose of dealing with any major accident. The procedure for dealing with these accidents is reviewed from time to time. If there are changed circumstances with the Police, Fire or Ambulance Services or the Hospital Organisation, or in the light of experiences in other parts of the country, amended instructions are issued.

Telecommunications

One additional mobile radio-telephony unit was purchased during the year, but delivery was not effected by 31st December, 1963, and it is therefore, not included in the table below.

Seven new units ordered in 1962 were fitted during 1963 and are shown in the following table, which indicates the number of mobile equipments operating under the respective fixed stations on 31st December, 1963.

<i>Controlling Base Station</i>	<i>Sub-Station</i>	<i>Number of Mobile Equipments</i>
Buxton .. ..	.. .. ..	10
	<i>Bakewell</i> ..	4
	<i>Glossop</i> ..	3
	<i>New Mills</i> ..	5
Chesterfield ..	.. .. ..	11
	<i>Eckington</i> ..	11
Mickleover ..	.. .. ..	12
	<i>Ashbourne</i> ..	3
	<i>Ilkeston</i> ..	4
	<i>Long Eaton</i> ..	4
	<i>Swadlincote</i> ..	3
Ripley .. ..	.. .. ..	11
	<i>Heanor</i> ..	3
	<i>Matlock</i> ..	5
	Total ..	89

Premises

The New Ambulance Station, at Ashbourne, which was started in 1962, was completed during the year under review; the building, which is of C.L.A.S.P. construction comprising garage accommodation for six vehicles and a two-storey administrative block, was occupied on the 1st May, 1963.

At the time of writing this report a new Ambulance Station at Ashgate, Chesterfield, is under construction to replace the very unsatisfactory and inadequate adapted premises. The new Ambulance Station comprises a two-storey C.L.A.S.P. administrative block and garage accommodation of traditional construction for 14 vehicles.

Personnel

(a) Training

In the Autumn of 1962, a series of Civil Defence Courses were commenced for all operational personnel in the general and functional subjects of the Ambulance and First Aid Section. This

training which took the form of a series of three-day courses running simultaneously in the north and south of the County, extended until May of the year under review.

(b) *Safe Driving Awards*

The following table shows the results of the 1963 competition of the Royal Society for the Prevention of Accidents, together with those of the previous five years:—

Year	Entered	Not Eligible	Disqualified	Diploma	5 Year Medal	Bar to 5 Year Medal	10 Year Medal	Bar to 10 Year Medal	15 Year Brooch	Bar to 15 Year Brooch	20 Year Brooch	Bar to 20 Year Brooch	Exemptions
1958	182	3	50	78	6	27	6	4	—	2	1	—	5
1959	192	7	21	100	9	24	9	8	2	1	1	1	9
1960	181	12	20	85	12	25	4	14	—	3	—	2	4
1961	202	5	23	101	9	35	2	16	—	1	—	2	8
1962	215	6	34	88	14	41	3	17	—	2	—	2	9
1963	222	6	41	77	15	41	6	19	4	1	1	1	10

The total number of accidents in which Ambulance Service Vehicles were involved during the year was 162 compared with 161 for 1962.

When considering the accident rate it must be borne in mind that the rules laid down by the Royal Society for the Prevention of Accidents are strictly applied and that every accident, no matter how trivial is reported and investigated.

The high standard of finish of the modern ambulance body work may easily be damaged by the slightest accident and, therefore, the standard of driving and care of vehicles must at all times be of the highest order to preserve the condition of the vehicles.

Establishment

The following table shows the authorised establishment of ambulance personnel as at the 31st December, 1963:—

Ambulance Station	Station Superintendent	Shift Leaders	Senior Drivers	Driver Attendants
Ashbourne	1	—	1	5
Bakewell	1	—	1	6
Buxton	1	4	—	25
Chesterfield	1	4	—	27
Eckington	1	4	—	26
Glossop	1	—	1	6
Heanor	1	—	1	5
Ilkeston	1	—	1	7
Long Eaton	1	—	1	7
Matlock	1	—	1	7
Mickleover	1	4	—	26
New Mills	1	—	1	7
Ripley	1	4	—	26
Swadlincote	1	—	1	7
Not allocated	—	—	—	2
Totals	14	20	9	189

Vehicles

During the year the following replacement vehicles were ordered:—

- (a) One Bedford/Lomas Ambulance (2/4 stretcher type) on the J1 chassis;
- (b) Two Bedford/Lomas (Dual Purpose) Ambulances on the J1 chassis;
- (c) Four Bedford/Lomas Junior Dual Purpose Light Ambulances on the CA chassis;
- (d) Four Land Rover/Lomas Ambulances.

In connection with the Land Rover/Lomas Ambulances, the two purchased in 1960 for the Peak District had proved to be so effective during the winter months that the County Health Committee agreed to purchase an additional four Land Rovers for that part of the County.

Nine ambulances ordered in 1962 were delivered in 1963. Eleven ambulances ordered in 1963 were delivered in the same year; eleven ambulances and four sitting case cars were passed out of service; this resulting in a temporary increase in the net strength of the fleet of five ambulances by the 31st December, 1963.

The following vehicles were operational on the 31st December, 1963:—

<i>Location</i>	<i>Number of Ambulances</i>	<i>Number of Light Ambulances</i>	<i>Number of Cars</i>
Ashbourne	2	1	—
Bakewell	3	1	1
Buxton	6	3	—
Chesterfield	7	4	—
Eckington	7	4	1
Glossop	2	1	1
Heanor	2	1	—
Ilkeston	3	1	—
Long Eaton	3	1	—
Matlock	3	2	—
Mickleover	7	3	1
New Mills	3	1	—
Ripley	7	4	—
Swadlincote	3	1	1
Pool	6	2	—
Totals ..	64	30	5

The following Table shows the average:

(a) daily mileage travelled; (b) number of patients conveyed per day; and (c) mileage per patient: compared with similar figures for the corresponding months of the previous four years:

Month	1959			1960			1961			1962			1963		
	Average Daily Mileage	Average Daily Patients	Average Miles per Patient	Average Daily Mileage	Average Daily Patients	Average Miles per Patient	Average Daily Mileage	Average Daily Patients	Average Miles per Patient	Average Daily Mileage	Average Daily Patients	Average Miles per Patient	Average Daily Mileage	Average Daily Patients	Average Miles per Patient
January ..	4,645	610	7.6	4,322	567	7.6	4,861	642	7.6	5,053	665	7.6	5,171	686	7.5
February ..	4,616	588	7.8	4,612	617	7.5	4,943	640	7.7	5,131	687	7.5	5,104	725	7.0
March ..	4,216	530	7.9	4,801	640	7.5	4,804	672	7.1	5,058	671	7.5	5,031	685	7.3
April ..	4,726	598	7.9	4,402	577	7.6	4,672	634	7.4	4,922	649	7.6	5,070	663	7.7
May ..	4,463	560	7.9	5,024	666	7.5	5,119	687	7.5	5,261	718	7.3	5,483	724	7.6
June ..	4,680	598	7.8	4,798	640	7.5	5,178	698	7.4	4,859	629	7.7	4,948	623	7.9
July ..	4,602	600	7.7	4,812	636	7.6	4,869	640	7.6	4,978	637	7.9	5,320	707	7.5
August ..	3,961	498	7.9	4,766	625	7.6	4,836	619	7.8	4,820	616	7.8	4,805	613	7.8
September	4,467	581	7.7	4,875	653	7.4	4,920	637	7.7	4,966	634	7.8	5,095	677	7.5
October ..	4,660	598	7.8	4,805	641	7.5	4,855	626	7.7	5,189	683	7.6	5,503	728	7.5
November..	4,430	578	7.6	5,123	704	7.3	5,009	659	7.6	5,203	689	7.6	5,267	706	7.5
December	4,227	552	7.6	4,661	606	7.7	4,487	570	7.9	4,458	579	7.7	4,772	625	7.6
Averages for the year	4,474	574	7.8	4,750	631	7.5	4,879	644	7.6	4,991	655	7.6	5,130	680	7.5

The following Table shows the number of patients conveyed and the mileages covered by Ambulances, Light Ambulances and Sitting Case Cars during the year.

	Cars			Light Ambulances			Ambulances			Totals		
	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage
1963												
January ..	14	1,378	13,320	26	4,753	40,092	609	15,142	106,879	649	21,273	160,291
February ..	13	1,118	9,518	13	4,163	35,059	486	15,018	98,348	512	20,299	142,925
March ..	15	1,438	13,311	29	4,424	37,186	585	15,369	105,477	629	21,231	155,974
April ..	5	1,041	10,707	32	4,677	40,137	593	14,169	101,248	630	19,887	152,092
May ..	6	1,175	11,775	32	5,849	51,300	580	15,411	106,892	618	22,435	169,967
June..	6	898	10,719	25	4,446	40,644	665	13,345	97,069	696	18,689	148,432
July ..	9	1,029	10,988	32	5,725	49,681	637	15,153	104,260	678	21,907	164,929
August ..	2	933	9,482	34	5,244	45,635	615	12,842	93,827	651	19,019	148,944
September ..	2	1,068	11,086	24	4,896	42,160	642	14,342	99,609	668	20,306	152,855
October ..	3	991	12,297	37	5,924	48,644	658	15,667	109,666	698	22,582	170,607
November ..	2	936	8,415	23	5,843	48,370	548	14,390	101,234	573	21,169	158,019
December ..	7	737	8,156	28	5,179	43,002	619	13,471	96,761	654	19,387	147,919
	84	12,742	129,774	335	61,123	521,910	7,237	174,319	1,221,270	7,656	248,184	1,872,954

PREVENTION OF ILLNESS—CARE AND AFTER CARE (Section 28)

The Services provided under Section 28 are now well established. They consist mainly of dealing with the prevention of illness, and the Care and After-Care of persons suffering from physical or mental illness. They deal especially with handicapped persons, and with the provision of sick room equipment and special facilities, such as, hospital type bedsteads, sponge rubber mattresses and wheelchairs. In addition, the Council has, for a number of years, made a grant to the British Red Cross Society in consideration of the assistance provided through their medical loan scheme to Derbyshire residents.

Blindness and Partially-Sightedness

The welfare of the blind and partially sighted is, of course, controlled by the County Welfare Committee, but all applicants for registration have to be medically examined by an approved Ophthalmic Specialist and these applicants are dealt with by my Department. During the year 221 forms of report were received in respect of new applicants for registration. Of this number 189 were registered as blind or partially sighted, and 32 were certified as not blind or partially sighted.

Cataract, Glaucoma and Retrolental Fibroplasia.

The following Table indicates the incidence of Cataract and Glaucoma in various age groups from 1953 to 1963 inclusive:—

		Under 50	50-60	60-70	70-	Total
Cataract ..	1953	14	5	32	126	177
	1954	10	9	22	145	186
	1955	1	5	19	110	135
	1956	4	6	18	94	122
	1957	2	3	10	99	114
	1958	3	3	9	67	82
	1959	3	1	5	61	70
	1960	4	2	9	53	68
	1961	2	5	9	43	59
	1962	3	2	4	65	74
	1963	1	2	6	63	72
Glaucoma ..	1953	1	1	7	11	20
	1954	—	3	3	8	14
	1955	1	1	5	14	21
	1956	1	2	5	23	31
	1957	1	—	1	11	13
	1958	—	3	8	17	28
	1959	—	—	4	12	16
	1960	1	2	8	25	36
	1961	1	—	2	14	17
	1962	—	1	5	21	27
	1963	—	1	6	10	17

Particular reference has been made to these three conditions. Cataract and Glaucoma are of increasing importance because they are conditions which are found more frequently in the elderly, and as people are living longer a higher proportion are at risk. Retrolental Fibroplasia has apparently disappeared as suddenly as it arose some years ago. Six cases occurred up to 1960, one in 1961 and none during the last two years.

Chiropody

During 1963 little occurred concerning the Council's Chiropody Service except with respect to domiciliary visits about which I shall comment later in this report.

In my annual report for 1960 I wrote at length on chiropody including the qualifications of chiropodists, which at that time occupied a great deal of our attention. Under the Professions Supplementary to Medicine Act, 1960, a Chiropodists' Board has now been set up and accepted applications for registration from established chiropodists up to 30th June, 1963. It will, however, not be until the end of 1965 that the time limit expires during which the Board must publish a register of chiropodists.

In the meantime, various chiropodists have informed us that they have already been told by the Board that they are registered, and instead of the very complicated procedure laid down under the National Health Service (Medical Auxiliaries) Regulations, 1954, we shall in future be able to ask a chiropodist simply whether or not he is registered by the Chiropodists' Board.

During the year, however, shortage of staff irrespective of qualifications, prevented our making any marked expansion of the Service, although consideration was given to this at the end of 1963 and recommendations were made by the Health Committee which should have repercussions during 1964.

It is, however, interesting to look back on the history of chiropody as a Local Authority Service. As far as my records show, the Association of County Councils and Municipal Corporations were enquiring in 1953 what, in fact, was being done throughout the country when it turned out that four Authorities were providing some form of chiropody service through Section 28 of the National Health Service Act, which, of course, can be capable of a wide interpretation according to the "proposals" which the Minister had approved in the first half of 1948.

Discussions continued up to October, 1955, when the County Councils Association stated that they did not consider that the time was opportune to invite the Ministry to agree to "approved proposals" of Local Health Authorities being amended to enable them to provide chiropody.

The next landmark took place in the House of Commons on the 5th December, 1955, when it was stated that the provision of a domiciliary chiropody service would entail considerable expense and

although the Government had every sympathy, they had not been able to find the necessary financial means to include this service in their programme.

I have a note, however, that the matter was discussed with the Chairman of the County Health Committee who thought that we might be able to start chiropody in our clinics, though it should not be extended to cover domiciliary visiting at that time. The matter was in fact reported to the County Health Committee on 27th February, 1956, and it was noted at the time that the Ministry be asked whether in the meantime they would agree to work being done in our clinics and the service be provided free of charge, and that its future development would need careful control.

Unfortunately the Minister of Health replied on 16th March, 1956 that he had not found it possible for financial reasons to sanction any further development in this field. It was the Minister's wish, however, that when the opportunity offered it would be possible to place chiropody high on the priority list for extended services.

The County Health Committee did not let the matter rest there and at the end of 1957 it was decided to press the Minister again to allow chiropody to be started under Section 28. It was agreed that the County Treasurer and I, who were to visit the Ministry of Health on another matter, should raise the subject of chiropody. This we did in January, 1958, and later it was intimated that the Treasury could not agree to chiropody being started during 1958 and 1959. This view was supported by a subsequent letter from the Ministry of Health dated 3rd February, 1958.

The above is written to show that the members of the County Council have for many years had chiropody in the forefront of their minds.

In 1959, the Ministry in circular 11/59 agreed to Local Health Authorities providing a Chiropody Service. This circular was set out in my Annual Report for 1960. The County Council's Proposals, which were approved by the Minister on the 26th October, 1959, are also set out, as well as the qualifications needed by chiropodists to enable them to work for Local Health Authorities.

During 1963 there was little expansion in the service. Clinics were, however, re-started at Dronfield and Frecheville after the original service commenced in March, 1961, had had to be discontinued owing to the resignation of the chiropodist in that area.

At the end of the section there is a list of the chiropody sessions provided at present by the County Health Committee. They are all, of course, conducted in premises owned by the County Council, except at Ashbourne where the clinic is held in St. Oswald's Hospital.

A rapid increase took place during the year in domiciliary chiropody which resulted, at the end of the year, in this service being curtailed. The reason was simply financial, because chiropodists could make far more money visiting patients at home than in working at clinics. It should be emphasised that this occurred in only two parts of the County. The larger part of Derbyshire was not affected and domiciliary visiting has, in fact, played only a small role in the work of most of our chiropodists, though it began to increase rapidly in certain areas.

At the end of 1963, twenty-three clinics were equipped for chiropody and seventeen chiropodists—two full-time and fifteen part-time—were being employed.

The establishment of chiropodists in terms of whole-time officers was ten and the number from April 1st, 1964, will be raised to fifteen. During the year under review we were employing the equivalent of four-and-a-half full-time chiropodists, domiciliary visiting taking up the equivalent time of another one-and-a-half whole-time officers.

Based on payments made to chiropodists, however, we were in fact spending as much as we would on nine whole-time chiropodists. This is explained by the fact that it is not so economical to employ people on a sessional basis as opposed to a whole-time salary and further, domiciliary work is very much more expensive. To recapitulate, we had in terms of clinic sessions the equivalent of four-and-a-half chiropodists; in terms of work, including domiciliary visits, we had the equivalent of six chiropodists; but by reason of the fact that most of them were "part-timers", we were paying during 1963 at the rate of nine full-time officers. At the end of 1963 a full report was submitted to the County Health Committee making suggestions which it was hoped would enable the Authority to increase its Chiropody Service to the equivalent of fifteen full-time officers, thus setting up a clinic service in three further areas and providing chiropodists in minor centres if suitable premises and staff could be obtained.

CHIROPODY TREATMENT CARRIED OUT DURING 1963

	<i>Elderly</i>		<i>Physically Handicapped</i>		<i>Expectant Mothers</i>		<i>No. of Sessions</i>
	<i>Patients</i>	<i>Treatments</i>	<i>Patients</i>	<i>Treatments</i>	<i>Patients</i>	<i>Treatments</i>	
Treatment at Clinics	3,256	13,052	54	159	15	17	2,156
Domiciliary Treatment	418	1,691	16	66	—	—	—

The following table shows the Chiropody sessions which are being conducted at the time of writing this report:—

<i>Clinic</i>	<i>Times of Opening</i>	<i>Chiropodist</i>
ASHBOURNE St. Oswald's Hospital ..	1st and 3rd Monday— 9.30 a.m. to 12.30 p.m.	T. E. Martin, M.Ch.S.
BELPER Field Lane ..	Monday— 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. Alternate Wednesday— 1.30 p.m. to 4.30 p.m.	Mrs. M. D. Bewley, M.Ch.S.
BOLSOVER Welbeck Road ..	Thursday— 9.30 a.m. to 12.30 p.m. 1.45 p.m. to 4.45 p.m.	J. B. Hewitt, M.Ch.S.
BUXTON Bath Road ..	Mondays to Fridays— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Saturday— 9.0 a.m. to 12 noon	Miss B. M. H. Wyse, M.Ch.S.
CHADDESSEN .. Maine Drive ..	Monday 1st, 3rd and 5th— 9.30 a.m. to 12.30 p.m. Saturday 2nd and 4th— 9.30 a.m. to 12.30 p.m.	Mrs. A. E. Greatorex, M.Ch.S.
CHAPEL-en-le- FRITH Eccles Road ..	Monday— 9.30 a.m. to 12.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m.	S. Fletcher, M.Ch.S.
CHESTERFIELD Brimington Road	Tuesday— 10.30 a.m. to 1.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	G. Carter, M.Ch.S. J. B. Hewitt, M.Ch.S.
CHINLEY Lower Lane ..	Friday— 9.30 a.m. to 12.30 p.m.	S. Fletcher, M.Ch.S.
CLOWNE Creswell Road ..	Monday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m.	J. B. Hewitt, M.Ch.S. Miss J. Wright, M.Ch.S.
DERBY Cathedral Road ..	Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	Mrs. C. I. Beattie, M.Ch.S. Mrs. A. E. Greatorex, M.Ch.S.
DRONFIELD The Grange ..	Thursday— 9.30 a.m. to 12.30 p.m.	Mrs. H. J. Ellis, M.Ch.S.
ECKINGTON Gosber Street ..	Saturday— 9.30 a.m. to 12.30 p.m.	J. B. Hewitt, M.Ch.S.

<i>Clinic</i>	<i>Times of Opening</i>	<i>Chiropodist</i>
FRECHEVILLE Fox Lane ..	Saturday— 9.30 a.m. to 12.30 p.m.	Mrs. H. J. Ellis, M.Ch.S.
GLOSSOP George Street ..	Monday— 10.0 a.m. to 1.0 p.m. Wednesday— 9.0 a.m. to 12 noon	K. Horrox, M.Ch.S.
HEANOR Wilmot Street ..	Tuesday— 1.30 p.m. to 4.30 p.m.	C. A. Bewley, M.Ch.S.
ILKESTON Albert Street ..	Monday— 9.30 a.m. to 12.30 p.m.	C. A. Bewley, M.Ch.S.
LONG EATON 4 Nottingham Rd.	Alternate Monday— 9.30 a.m. to 12.30 p.m.	Q. J. Beattie, M.Ch.S.
MATLOCK Causeway Lane ..	Tuesday— 1.30 p.m. to 4.30 p.m. Friday— 9.30 p.m. to 12.30 p.m.	D. Nolan, M.Ch.S.
NEW MILLS High Lea Hall ..	Tuesday— 9.0 a.m. to 12 noon 1.30 p.m. to 4.30 p.m. Wednesday— 9.0 a.m. to 12 noon	Mrs. I. Greenhalgh, M.Ch.S.
RIPLEY Derby Road ..	2nd and 4th Monday— 9.30 a.m. to 12.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m.	Mrs. A. E. Greateorex, M.Ch.S.
STAVELEY Lime Avenue ..	Wednesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	J. B. Hewitt, M.Ch.S.
SHIREBROOK .. Cliffe House, Church Drive ..	Thursday— 2.0 p.m. to 5.0 p.m.	A. Ward, M.Ch.S.
SWADLINCOTE Civic Centre, off Midland Road..	Wednesday— 9.0 a.m. to 12 noon Friday— 9.0 a.m. to 12 noon	Mrs. M. K. Archer,

Mass Radiography

The Regional Hospital Boards provide the Mass Radiography service, and whilst there is not a Unit based in the County, nevertheless

the following four Mobile Mass Miniature Radiography Units operate in Derbyshire from time to time:—

Sheffield Regional Hospital Board.

Nottingham Area No. 2 Unit, based on Nottingham.

South Yorkshire Area Unit, based on Doncaster.

Sheffield Area Unit, based on Sheffield.

Manchester Regional Hospital Board.

Unit No. 3, based on Stockport.

In addition there are static Units in Nottingham and Sheffield to which cases may be referred.

Occupational Therapy for Patients suffering from Tuberculosis

By agreement with the County Welfare Committee the Craft Instructors of the Welfare Department give instruction to tuberculosis patients on the recommendation of a Chest Physician. The County Health Committee has agreed to accept financial responsibility for the appropriate portion of the salaries and travelling expenses of the Craft Instructors.

Chest and Heart Association (formerly the National Association for the Prevention of Tuberculosis).

The County Council has for some years made an annual grant to this Association. It is a voluntary body which has been in existence for some sixty years and has done good work in the campaign against tuberculosis. In January 1959 the title of the Association was changed to correspond with the widening scope of their work in the field of chest and heart diseases.

Village Settlements

The demand in this County for accommodation in these Settlements continues to be small. On the 31st December, 1963 there was one male patient in Sherwood Village Settlement, who has the tenancy of a house in the Settlement.

Chest Clinics

This branch of the service is under the control of the Regional Hospital Boards, the Chest Physicians being officers of the Boards. Nevertheless the County Council pays a proportion of their salaries in respect of the Care and After Care work undertaken by these Officers.

HEALTH EDUCATION

I have received the following report from Dr. Julia M. D. Corrigan on the activities in Health Education during the year:—

“The Health Education Service has had a gratifyingly successful year. Each of the County Council’s main clinics has its own filmstrip projector and set of filmstrips for the Relaxation and Mothercraft Classes. In all there are over a hundred filmstrips kept in clinics for the classes. As well as these filmstrips we have a library of 289 other filmstrips which are available on request. During the year there were 194 requests for the loan of these filmstrips. This is 127 less than the number of requests during 1962, but this drop in number was compensated by a rise in the requests for sound films and also in the fact that each clinic has its own set of strips for the Relaxation Classes. Ten “Bell and Howell” sound projectors are based at the following clinics:— Alfreton, Buxton, Clay Cross, Clowne, Derby, Eckington, Glossop, Ilkeston, Long Eaton and Swadlincote, for the use of County Health staff and Home Safety Committees. It is hoped to purchase more projectors in the new year. We now own fifty-three films, twenty of which are kept with the projectors in the clinics. Each projector now has the two films “My First Baby” and “Breast Feeding” kept with it for use at the Relaxation and Mothercraft Classes. Thirteen other films are held on long term loan. 568 requests were received during the year for the loan of our sound films. Films on other subjects are obtained from the large film libraries, when required.

Subject of the Month. Posters and leaflets were distributed, each month, to:—102 main clinics and infant welfare centres, 4 general practitioners, 2 factories, 5 day nurseries, 3 youth centres, 7 old people’s clubs and several schools on the following subjects:—January—Coughs and Sneezes; February—Measles; March—Nutrition; April—Ears; May—Water Safety; June—Teeth; July—Smoking and Lung Cancer; August—Food Hygiene; September—Immunisation; October—Fireworks Safety; November—Home Safety; December—Christmas Safety.

There are fourteen exhibitions available for display at clinics etc., and these have proved very useful. Many Health Visitors now make their own displays, from the materials we issue each month, for the permanent Health Education boards at each clinic. When visiting the clinics, it is rewarding to see the different ideas which the same basic material has produced. Two clinics, Derby and Ilkeston, have display windows which can be seen by the general public. A Neo-Attractor sign has been purchased and is being used mainly at Derby. This provides a lighted, moving message and has proved very successful.

Mothercraft Classes As would be expected, mothercraft teaching combined with the relaxation classes is one of the most successful health education projects. This is an up-to-date continuation of the teaching that has been going in Local Authority clinics for over forty years. There is a comprehensive programme covering the ante-natal, delivery and post-natal period of childbirth and of care of the new baby.

Each clinic is equipped with a filmstrip projector and filmstrips showing the stages of delivery to which the Health Visitor gives the commentary. This varies with the personality and experience of the

Health Visitor. Each sound film projector has the two films "My First Baby" and "Breast Feeding", and the number is now roughly one to two clinics. Each class can have the projector at the appropriate time in the series. Some of the other films enjoyed by the mothers are:—"Tooth in Time"; "Jenny Comes Home"; "He Acts His Age"; "Terrible Two's and Trusting Three's"; "Childbirth Without Fear"; "Tailored for Timothy"; "Nutrition in Pregnancy"; and also the gramophone record of a Natural Birth conducted by Grantly Dick Read.

Smoking and Lung Cancer The Senior Medical Officer for School Health made visits to schools, youth centres, and Parent Teacher Organisations to give talks and show the sound film strip "To Smoke or Not to Smoke". Copies of this sound strip are kept permanently by : Hope Valley College, Lea Green Sports Centre, Dr. Sutcliffe (M.O.H., Glossop), Dr. Steede (M.O.H., Buxton), Dr. Allan (M.O.H., Swadlincote), Dr. Woolgrove (M.O.H., S.E. Derbyshire), Dr. Hunt (School Medical Officer) and Long Eaton Clinic. Schools and youth groups also borrowed this filmstrip to show themselves. In all, the County Council has twelve copies of this filmstrip and gramophone record. A copy of the sound film "Smoking and You", was purchased in June, and was shown over twenty times. It is hoped to purchase three more sound films next year. We aim to have "Smoking and Lung Cancer" as a monthly topic each year. This year posters and leaflets were distributed for July. The Health Visitors constructed a variety of displays for the clinic pegboards and it was amazing to note the different ways in which the same material had been used. Notices were placed in the monthly bulletin to Schools from time to time to inform headteachers of the material available for loan.

Venereal Disease The following films and filmstrips are available for use by the Schools, School Medical Officers and Health Visitors who wish to go to schools to give talks on personal hygiene and reproduction:—

Filmstrips: "The Way in Which We Grow"; "Young People Growing Up"; "How Life is Handed On"; "Sex and Society"; "Good Grooming"; "Feminine Hygiene"; "Sex Education 1;" "Sex Education 2" and "The Story of a Baby." .

Films: "Human Reproduction"; "The Story of Menstruation"; "The Best of Yourself"; "Your Body During Adolescence"; and "Your Skin".

We prefer that talks and the showing of films or filmstrips are part of a series of talks on health and hygiene. There are always questions asked at the end of the talks and if questions on venereal disease are asked, they are answered. Headteachers do seem to find these films and talks helpful.

A selection of leaflets on venereal disease, personal hygiene and reproduction are available and these are also found to be very helpful.

Special Health Visitor projects. Demonstrations and lectures in schools were given by Health Visitors, on hygiene, home nursing and first aid, mothercraft, to older girls, dental care, in junior schools, sex education and dental care, in secondary schools, smoking and lung cancer, and nutrition.

In areas where there were particular needs Health Visitors were supported with special materials e.g. in Long Eaton where there is a large West Indian population the Health Visitors noted that the mothers tended to use foods deficient in fats. We sent 1,000 small cookery books dealing especially in the use of butter, margarine and cheese, which were supplied by boards and manufacturers.

Home Safety Committees There are nine Home Safety Committees, and the following are some of their activities:—

Clowne. Supported the "Buy for Safety" campaign by distributing posters and leaflets to shopkeepers and organisations in the district. Drew attention of local organisations to the inherent danger in the sale of old oil heaters, gas, and electric fires at jumble sales. Supported the "Fireworks and Safety" campaign by distributing posters etc. Distributed posters on various aspects of Home Safety throughout the year.

Heanor. Supported the County Home Safety Competition organised by the Chesterfield Home Safety Committee. Supported the "Buy for Safety" Campaign. Distributed "Water Safety" posters. Distributed "First Aid in the Home" cards. Distributed Home Safety serviettes to old people's organisations. Organised Area Home Safety Competition. Arranged for blue flashing emergency lights to be installed in various old people's homes by the Rotary Club.

Glossop. Supported County Home Safety Competition organised by the Chesterfield Home Safety Committee. Organised a Home Safety Quiz for Junior Schools in the area. Organised an Essay and Poster Competition for Schoolchildren. Purchased "Accidents In the Home" booklet for distribution. Distributed posters and leaflets on various aspects of Home Safety throughout the year.

Alfreton and Ripley. Supported County Home Safety Competition organised by the Chesterfield Home Safety Committee. Published their own Home Safety Handbook. Organised a Home Safety "Window Spotting" competition. Organised a "Dangers of Bonfire Night" poster competition for schools. Distributed posters and leaflets throughout the year on various aspects of Home Safety.

Chapel-en-le-Frith. Organised a County Home Safety Conference at the County Offices, Matlock. Supported the County Home Safety Competition organised by the Chesterfield Home Safety Committee. Organised film shows and talks at meetings of various organisations throughout the year. Arranged for Home Safety posters to be displayed at Hope Show. Distributed posters and leaflets throughout the year on various aspects of Home Safety.

Chesterfield. Organised County Home Safety Competition. Distributed "First Aid in the Home" cards to Youth Clubs and Old Age Pensioner's Organisations. Published its own Home Safety Handbook. Distributed First Aid booklets. Distributed "Fireworks and Safety" information to retailers. Distributed Home Safety Christmas cards.

Buxton. Supported the County Home Safety Competition organised by the Chesterfield Home Safety Committee. Sponsored a float in the Wells Dressing Festival Parade. Distributed posters and leaflets on various aspects of Home Safety throughout the year. Organised a "Learn to Swim" campaign at the Thermal Baths.

Swadlincote. Purchased Home Safety "Question and Answers" Indicator. Distributed publicity material on the dangers of fireworks.

Supported Ro.S.P.A. Home Safety and slogan Competition for Boy's and Girl's Clubs. Supported the "Buy for Safety" Campaign by distributing posters and leaflets. Distributed posters and leaflets on various aspects of Home Safety throughout the year.

Blackwell Supported the County Home Safety Competition organised by Chesterfield Home Safety Committee, and arranged the prize-giving for the competition. Distributed First Aid booklets. Distributed Home Safety serviettes to Old People's Clubs and Organisations. Distributed posters and leaflets throughout the year on various aspects of Home Safety.

Direct Artificial Respiration A very successful project. The Department holds four copies of the film "That They May Live", which are in constant use at schools, youth clubs, mother's groups and clinics. A manikin for demonstrating direct mouth-to-mouth respiration has been purchased and it is envisaged that this will prove a very valuable piece of equipment.

Dental Health The General Dental Council Health Exhibition Trailer was borrowed for display at the County Show, at Alfreton, on Whit-Monday. The trailer created a lot of interest with its flashing panels and models, especially the models of various jaws before and after treatment. It is hoped to have a return visit of the Trailer at next year's County Show.

Home Safety Chapel-en-le-Frith Home Safety Committee organised a Conference, at the County Offices, Matlock, on 27th April. An exhibition was arranged in the Council Chamber which was much appreciated by the visiting members from the various Home Safety Committees in the County.

The County Council supports the Area No. 4 Home Safety Group, recently formed, and which has proved to be a useful and active committee.

Clinic	AUDIENCE			SUBJECT			Films
	<i>Child Welfare</i>	<i>Ante-natal Relaxation and Mothercraft</i>	<i>Voluntary Schools and other</i>	<i>Child Welfare and Miscellaneous</i>	<i>Ante-natal</i>	<i>Home Safety</i>	
Alfreton	—	26	6	6	26	2	22
Belper	—	43	—	1	43	—	7
Bolsover	—	49	—	—	49	—	8
Buxton	—	50	—	—	50	—	70
Chaddesden ..	5	21	—	5	11	—	46
Chesterfield ..	1	38	5	5	38	1	24
Clay Cross ..	—	22	—	1	21	—	17
Clowne	18	27	1	13	25	4	22
Derby	—	63	1	1	63	—	19
Dronfield ..	—	39	—	—	39	—	3
Eckington ..	—	28	18	20	28	—	28
Frecheville ..	14	35	44	43	32	2	34
Glossop	3	32	—	9	21	1	9
Heanor	1	32	5	14	19	—	9
Hackenthorpe ..	—	25	14	2	25	—	20
Hope	—	—	8	8	—	—	—
Ilkeston	128	153	51	168	103	26	47
Long Eaton ..	—	46	33	30	41	4	10
Matlock	—	28	—	1	28	—	14
New Mills ..	—	4	—	—	—	—	5
Ripley	—	47	11	18	31	4	12
Shirebrook ..	—	48	—	—	48	—	11
Staveley	2	26	23	23	16	—	39
Swadlincote ..	—	62	28	23	62	—	40

Special thanks are due to Miss Winstanley of the Museum Service; and to Mr. Lowe, Mr. Amer and Mr. Crampton, also of the Museum Service for their kind assistance in servicing our films and projectors."

HOME HELP SERVICE

(Section 29)

General Administrative Arrangements.

The Home Help service, outside the Borough of Chesterfield, is under the day-to-day control of the County Home Help Organiser, supervised by the appropriate Medical staff. There are seven Area Organisers, including one in Chesterfield Borough.

Further expansion of the service has continued during the year. More Home Helps have been appointed and it has been possible to provide help for more people and for longer periods.

The progress of the scheme during recent years is indicated in the following figures:—

		1959	1960	1961	1962	1963
Home Helps . .	..	260	334	413	497	508
Cases Served	..	1,698	2,156	2,446	2,878	3,177
Area Home Help Organisers	..	5	5	6	6	7

It is interesting to see the gradually increasing number of elderly people who have benefited from the Home Help service in this county during recent years, as shown by the following figures (which do not include Chesterfield):—

<i>Year</i>	<i>No. of Old Persons assisted</i>
1952	192
1953	297
1954	460
1955	580
1960	1,504
1961	1,752
1962	2,071
1963	2,309

Availability of Service

Particulars of the service are obtainable from the local Health Visitor (a map and names, telephone numbers and addresses of Health Visitors are given on page 66 of the County Council's Health Services Handbook), local County Council Clinic or Centre (these are listed under "Districts Separately" in the Handbook commencing on page

183, or from the County Medical Officer of Health, County Offices, Matlock :Telephone number Matlock 3411). Area Organisers can be contacted direct in any case of emergency at the following places:—

- (1) *North-West of the County*—Mrs. Hopkins—Buxton Clinic,
Tel. Buxton 4451—10.30 a.m.—11.30 a.m.
- (2) *North of the County*—Miss Haythornthwaite—Eckington Clinic,
Tel. Eckington 2591—10.30 a.m.—11.30 a.m.
- (3) *North-East of the County*—Mrs. Brown—Clay Cross Clinic,
Tel. Clay Cross 3175—10.30 a.m.—11.30 a.m.
- (4) *Centre of the County*—Miss Priestley—Ripley Clinic, Tel. Ripley
872—10.30 a.m.—11.30 a.m.
- (5) *South-East of the County*—Mrs. Holmes—Ilkeston Clinic, Tel.
Ilkeston 5198—10.30 a.m.—11.30 a.m.
- (6) *South of the County*—Miss Bracegirdle—Derby Clinic, Tel.
Derby 45934—10.30 a.m.—11.30 a.m.

Residents in Chesterfield Borough may obtain information from the Health Department, Town Hall, Chesterfield, (Tel. Chesterfield 77232).

The service is available in various cases, of which the following are examples :—

- (a) Maternity.
- (b) Where a housewife falls sick or must have an operation.
- (c) Where a wife is suddenly called away to visit her husband in hospital and arrangements have to be made to look after the children.
- (d) Where elderly people are infirm, or one of whom suddenly falls ill.
- (e) Where several members of a household are ill at the same time.
- (f) Where a doctor requests that a Home Help is necessary to help with a premature infant.
- (g) Tuberculosis.

The last named presents particular difficulties in spite of the fact that Home Helps attending cases of tuberculosis are paid an additional

wage of 2d. per hour; whilst such cases are entitled to the facilities available, special safeguards have to be imposed to protect the personnel.

The following recommendations of a committee of medical officers of Local Health Authorities and Chest Physicians of wide experience working in the area of the Manchester Regional Hospital Board are regarded as being most useful in dealing with this difficult problem:—

- (1) All Home Helps employed in a household where there is an infectious case of tuberculosis should be over forty years of age, and should not have young children of their own.
- (2) Home Helps for this work could be drawn from three groups:—
 - (a) Tuberculous women with arrested disease, recommended by the Chest Physician as suitable for the work.
 - (b) Close relatives of the patient who are already family contacts. In this connection the County Health Committee has laid down certain conditions. It is suggested that where family contacts are employed the age limit may be lowered to thirty years in suitable cases.
 - (c) Ordinary domestic helps may be employed subject to the safeguards set out under (1) above, i.e., that they are over forty years of age and do not have young children of their own.
- (3) The precautions against infection will vary according to the type of persons employed. Home Helps with arrested tuberculosis (Group (2) (a) above) would, of course be acquainted with anti-tuberculosis measures and would be under regular supervision by a Chest Physician. Family contacts (group 2 (b) above) would also be under the close examination and supervision of the Chest Physician. Ordinary Home Helps (group 2 (c)) should be radiographed on appointment and subsequently at six-monthly intervals.
It is desirable to transfer the Helps at intervals to other types of cases, so as not to use them exclusively for tuberculosis households.
- (4) Home Helps should receive instruction in anti-tuberculosis measures, and this is carried out by the Chest Physician who certifies the Help as suitable for such employment.
- (5) No Home Help should undertake nursing duties, and the use of masks and gloves is not recommended.
- (6) It is necessary to obtain the consent of the patient to the disclosure to the Home Help of the nature of the problem, and the Help should only undertake the work as a volunteer.

Conditions for Home Helps

The present hourly rate for Home Helps is 3/10⁷/₈d. per hour. Travelling expenses together with travelling time in excess of forty minutes each day at the normal rate of pay is also paid.

Home Helps are supplied with nylon overalls.

An additional three days holiday each year is allowed to Home Helps after ten years service and some qualified for this benefit during the current holiday year.

Employment of Relations

There are cases which arise from time to time when the only person able to take on the duties of a Home Help is a relative of the patient. As a safeguard in such cases the County Health Committee has made a rule that a relative may be employed only on the authorisation of the Chairman and the Vice-Chairman. A condition of approval is that there is no other suitable Home Help available within reasonable travelling distance, who is willing to undertake the case, and that the Area Home Help Organiser should recommend the number of hours to be worked, which in any case should not exceed forty-two per week.

Rules of Assessment

Recovery of the cost (or part of the cost) of providing Home Helps is made in accordance with a suitable scale of assessment. A fixed minimum charge of 5s. 0d. per week for the service was introduced in September, 1960. Many people in receipt of National Assistance are able to recover this amount from the National Assistance Board.

MENTAL HEALTH SERVICE

I asked Dr. Margaret Fynne, the Senior Medical Officer for Mental Health, to let me have a report, suitable for inclusion in my Annual Report, on the work of the Mental Health Section of the County Health Department, which she has submitted as follows:—

“To me this year has been a most interesting and stimulating one in spite of the difficulties and frustrations which one is bound to meet in the ever changing picture of work in the field of Mental Health. This ever changing scene is at once a challenge both to the workers in this social field as well as to the progressive Local Authority which is out to give the people as good a service as they can provide.

Personnel

From the 1st April, 1963, the following staff were added to the establishment:—

- a Senior Organiser for Training Centres;
- 5 trainee students for Junior Training Centres (ex Grammar School Girls);
- 1 part-time Clerk for Eaton Vale Senior Training Centres, Long Eaton;
- 1 full-time Clerk for Red House Hostel for the Rehabilitation of the mentally ill—part-time for Red House and part-time for Norbriggs House, to cope with the Mental Welfare Officer's Clerical work there.

Procedure for Admission to Hospital

This is the same as for 1962 but of course the figures are different. More and more patients are being admitted informally.

Training Centres

Routine medical and dental inspections are carried out.

The County Council having bought Alfreton Park, a site of 10½ acres has been acquired by the Mental Health Service for the purpose of building a Junior Training Centre, a Senior Training Centre and a Hostel for Subnormal Young Adolescents (male). Building is to start in 1964-1965.

Senior Training Centres

The work of the two Senior Training Centres goes on and a large number of articles are now made under contract by the trainees for the use of the County Council. Another Senior Training Centre, namely Eaton Vale at Long Eaton, has been completed at a cost of £61,918 (including equipment and furniture) and is due to open in early January, 1964.

All these Training Centres are run on modern lines and emphasis is laid on training. During the year we obtained work for 5 trainees in Remploy and others were placed in simple routine jobs. It was way back in 1860 that Walt Whitman stated that "the handicapped resemble the so called normal members of the population in more respects than they differ from them", and one can place a number of these trainees provided we can find sympathetic employers who recognise that these men and women are human beings like anyone else and appreciate words of encouragement and appreciation.

As Merle Curti so truly says "Our Society could satisfy much more fully than it now does, deep-rooted desires for recognition and appreciation—desires present in every human being—only when everyone is recognised feels that he is needed and valued—will we make of the power of knowledge the servant not of any group, or nation, or race, but of all the children of men".

Conferences and Courses

Five trainee students successfully completed their Course at Sheffield and obtained the Diploma of the N.A.M.H. and were absorbed into the Training Centres. 5 trainee students were accepted for the 2 year Diploma Course held under the National Association of Mental Health. Training Centres are used by the National Association of Mental Health as Training Schools for candidates on the Course engaged in their practical training.

Six Centre Supervisors and 1 Craft Instructor attended a week's Refresher Course held in London under the auspices of the National Association of Mental Health.

The Committee has approved of the seconding of 2 Mental Welfare Officers one year, followed by one the next year, on the 2-year Young-husband Course. It is hoped to send our first two candidates for training in September, 1964.

Approval has also been given for the seconding of one of the staff from a Senior Training Centre for attendance at the Birmingham Course for Senior Training Staff for the purpose of obtaining the Diploma of the National Association of Mental Health.

Hostel for the Rehabilitation of the Mentally Ill

Red House Hostel for the Rehabilitation of the Mentally Ill, Chesterfield, was ready in July, 1963. It was acquired at a cost of £9,292, and the estimated cost of adaptations and furniture is £37,643. Here our difficulty lay in appointing suitable staff and up to the present moment it has not yet come into use as we are still seeking staff. However I have hopes that in the not too distant future Red House will be in use.

I might add this staffing difficulty is not peculiar to Derbyshire—other Authorities are also finding difficulty in staffing residential homes and hostels.

Special Care Units for the Severely Subnormal

The Unit in Belper is now nearing completion and it is hoped to open it within the next few months. This will indeed serve a very useful purpose—(1) in giving partial relief to parents whose children are not suitable to attend a Training Centre and for whom permanent accommodation has not been secured; (2) those who refuse to accept permanent accommodation although they are in the need of hospital care and who prefer to bear the burden of caring for their child themselves.

Another house has been acquired by the Mental Health Subcommittee at Norbriggs, Staveley, and it is hoped to adapt it in the year 1964/65 as a Special Care Unit.

Open Days and Sales of Work

These take place in the various Centres at regular intervals throughout the year. They serve a useful purpose as they help to bring home to the general public the type of child or trainee we are dealing with and the type of training we give, and by doing this we hope to promote a better understanding and sympathy for this section of the community.

Social Clubs

Social Clubs are held in the Senior Training Centres one afternoon a week when the trainees mingle together and dance, etc. There are also three clubs for the mentally ill—also held once a week.

Sea-Side Holidays

The County Council rented the Miners Holiday Camp in Rhyl for two weeks—but this year owing to structural alterations in the camp and the inclement weather which held back the building programme—we had to go at the end of the holiday season—which was the end of September and beginning of October.

As usual the party was divided into two groups under the charge of two Mental Welfare Officers.

In the first week the Junior and Senior Training Centres from the north-east and west of the County went as well as the adults attending the Craft Instruction Classes. In addition we took a party of females from Whittington Hall Hospital, accompanied by some nurses. The following week the remainder of the party went and in addition a party of male patients from Ridgeway Hospital, accompanied by their nurses, accompanied us. All the Training Centre staff went with the trainees.

This sea-side holiday has now been established for some years and is greatly enjoyed by staff and trainees who renew old friendships and also form new ones.

Training of Officers

Training of Officers is becoming a must and is of importance. To get the right type of staff is to say the least of it becoming more difficult as more and more authorities are expanding and as Porter R. Lee so aptly states "Zeal alone, however, is a frail equipment for those who are genuinely interested in human welfare. Organisation and technical efficiency are by no means guarantees of sound social programmes; but they are, on the whole, as valuable contributions to human progress as the zeal and idealism which inspires them".

Bernard Shaw also tells us "if every man would mend a man, then all the world would be mended".

Hostels for the Subnormal

The Alder House Hostel, Chinley, for young severely subnormal girls was opened in July, 1963, at a cost of £34,600 including equipment and furniture.

Staffing for this hostel was difficult to get but finally we opened it to residents on 30th October, 1963. It serves a very useful purpose to provide training for those children too far off from a Training Centre to attend and who are suitable.

Voluntary Associations

Buxton Parents Association for Mentally Handicapped Children made a gift of £10 to Alderbrook (Milton House) Training Centre to assist in the purchase of a rotary cultivator.

The Buxton Ladies Inner Circle presented the Alder House Hostel with a rocking horse and a large quantity of toys which are greatly appreciated by the children.

Community Care

More cases are referred for pre-care and after-care by the Mental Welfare Officers. Many patients refuse this service and as a result have to be re-admitted as in-patients to the psychiatric hospital in a much shorter interval than many of those who receive after-care visits. This

type of visiting is really a supporting or "boosting" up service and the Mental Welfare Officer spends most of his time listening to the complaints and troubles of these people.

It may well be said that the work of the Mental Welfare Officer in this field could aptly be stated in the following lines written by Ypres as far back as 1531 "That they may better content many men's minds it shall be convenient that twice in every week shall sit together in a house that every man may be suffered to pass through—where they, gently and without any sour or grim countenance, receive all that make complaints".

Conclusion

The Mental Health Act, 1959, has made a great advancement in the treatment of mental illness. One of the most amazing changes is that seen in the world of therapy. To my mind the day of the occupational therapist in the psychiatric hospital is drawing quickly to a close. Her place is now being taken by the Nurse who arranges for and supervises contract work and in which 90% of the patients, both the psychiatric and the severely subnormal patients, engaged are paid for the work they do. This provides a stimulus and an incentive for many who until a few months ago were regarded as useless. It also helps in the treatment of behaviour problems and as Walt Whitman told us in 1860 "there is nothing in the whole universe that can be more effective than a man's or woman's daily behaviour can be".

Patients can be rehabilitated by stages by means of this industrial therapy and as a result I can best conclude this by quoting George Bernard Shaw "Life is a constant becoming: all stages lead to the beginning of others".

The National Association for Mental Health

This Association is of assistance in arranging Courses of instruction which are attended by Medical Officers employed in the County Health Department of the Council with a view to their being approved under the Medical Examinations (Subnormal Children) Regulations, 1959. It also arranges for Courses in connection with the obtaining of the Diploma of the Association, whereby suitable candidates who are interested in the work of Training Centres are selected to attend these Courses which are held under their auspices. In addition, the Association arranges annual residential refresher courses for personnel who work in the Training Centres. Occasionally, it arranges conferences relating to matters dealing with Mental Health. The County Council make an annual subscription of £30 to the Association.

Co-ordination with Regional Hospital Boards and Hospital Management Committees.

As in previous years, cordial relations and close co-operation have been maintained with the various Regional Hospital Boards and Hospital Management Committees. Mental Welfare Officers have

continued to visit the mentally handicapped and reports on home circumstances are submitted to Hospitals in respect of patients on leave from Hospitals.

Most of the visiting of the mentally ill and the sub-normal and severely sub-normal patients is now carried out on an informal basis. Efforts are now made to find work for some of the patients who have been discharged from Hospital to the community. Others, of course, are attending craft instruction classes and Adult Training Centres.

Under the National Health Service Act, the responsibility for mentally sub-normal and severely sub-normal patients on leave from Hospitals rests with the various Hospital Management Committees, but since many of the Hospitals do not employ their own Social Workers, arrangements are made with the Medical Superintendents to have the work done by Officers of the Local Health Authority.

With the co-operation of Derby No. 3 Hospital Management Committee and the Hospital Management Committees of other Mental Hospitals, arrangements have been made with the County Ambulance Service for trained attendants to be available, where necessary, for the conveyance of patients to those Hospitals.

Work undertaken in the Community.

(a) Under Section 28 of the National Health Service Act, 1946.

The work of the Mental Welfare Officers is chiefly concerned with the care and after-care of the mentally handicapped. The Officers visit the patients in their homes bi-monthly or quarterly, but more frequent visits are made if required. Much helpful advice is given in regard to the completion of forms for the National Assistance Board, the National Insurance offices and other public departments. A continuous record of each case is kept in the Central Office, compiled from the detailed reports of the Mental Welfare Officers on their visits.

(b) Under the Mental Health Act, 1959. Admission to Hospitals.

During the year 1963, as shown in the following table, 1,251 patients were admitted to Mental Hospitals and in respect of 407 of these, Orders were obtained by the Mental Welfare Officers. Also, advice and information was given to patients and relatives in the case of a number of patients admitted informally under the Mental Health Act. It is noteworthy that approximately 66.7% of the cases were admitted informally under the Mental Health Act, 1959, and it is encouraging that more and more people are realising that mental illness is similar to many other illnesses in that early treatment may bring about recovery.

Admissions to Hospitals for the Mentally Ill

During the period 1st January, 1963 to 31st December, 1963, the following numbers of patients were admitted to hospitals for the mentally ill:—

Hospital		<i>Males</i>	<i>Females</i>	<i>Total</i>
Pastures Hospital, Mickleover		448	552	1,000
Kingsway Hospital, Derby		34	61	95
St. Thomas' Hospital, Stockport		15	18	33
Parkside Hospital, Macclesfield		17	33	50
Scarsdale Hospital, Chesterfield		24	35	59
Mapperley Hospital, Nottingham		1	1	2
Ollersett View Hospital, New Mills		—	5	5
Cheadle Royal Hospital, Cheadle		—	1	1
Middlewood Hospital, Sheffield		—	1	1
Whitley Wood Clinic, Sheffield		—	1	1
St. George's Hospital, Stafford		—	1	1
Rauceby Hospital, Lincoln		1	—	1
Saxondale Hospital, Radcliffe-on-Trent		1	—	1
Aston Hall Hospital, Aston-on-Trent		1	—	1
		<u>542</u>	<u>709</u>	<u>1,251</u>

These patients were admitted in the circumstances set out below:—

Mental Health Act, 1959		<i>Males</i>	<i>Females</i>	<i>Total</i>
Informal Admissions (Sec. 5)		342	492	834
Admissions for Observation (Sec. 25)		25	40	65
Admissions for Treatment (Sec. 26)		2	8	10
Emergency Admissions for Observation (Sec. 29)		164	168	332
Court Orders for Admission (Sec. 60)		4	1	5
Removal to Hospital of Persons serving sentences of Imprisonment		1	—	1
Criminal Justice Act (Sec. 4)		4	—	4
		<u>542</u>	<u>709</u>	<u>1,251</u>

Many cases originally admitted under Section 29 of the Mental Health Act have been re-admitted, some on several occasions, during the year for further treatment after a short stay in hospital. This quick re-admission rate has, of course, given rise to a large number of emergency admissions under Section 29 of the Mental Health Act, many of them being the same patient.

(c) Cases Under Guardianship

The cases under Guardianship Orders were visited occasionally by the Senior Medical Officer for Mental Health, as well as regularly by Mental Welfare Officers.

At the 31st December, 1963, there were two patients under Guardianship (one under the Local Health Authority and one under another Guardian). These are two females (severely sub-normal), both over 16 years of age.

(d) *Admissions to Hospitals for the mentally sub-normal.*

The following table shows the number of patients admitted during the year 1963:—

	<i>Under age 16</i>		<i>Over age 16</i>		<i>Total</i>		<i>Total Cases</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Informal admissions	19	18	9	9	28	27	55
Admission under Order:—							
Section 41	—	—	1	—	1	—	1
Section 60	—	1	—	—	—	1	1
Section 65	—	—	1	—	1	—	1
	19	19	11	9	30	28	58

Cases urgently awaiting admission to Hospitals for the Mentally Sub-normal, at 31st December, 1963.

<i>Area</i>	<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>		
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Manchester Regional Hospital Board area (Population 69,570)	3	1	—	1	3	2	5
Sheffield Regional Hospital Board Area (Population 696,520)	35	13	21	11	56	24	80
Whole County	38	14	21	12	59	26	85

The urgent waiting list has been as follows during the last few years:—

1959	1960	1961	1962	1963
104	55	104	110	85

In addition to these cases on the urgent waiting list there are a number of mentally sub-normal patients awaiting admission to Hospitals when beds can be provided by the Regional Hospital Boards. Any of these may become urgent at any time owing to the death or illness of aged parents, etc.

Short Term Stay

In order to afford some measure of relief to harassed parents of mentally sub-normal children who are awaiting admission to Hospitals, four beds have been reserved by the Sheffield Regional Hospital Board for short-term stay, and during the year 143 cases were admitted for periods of two to eight weeks. This figure also includes cases admitted for short term care through the Manchester Regional Hospital Board, and elsewhere. This has been greatly appreciated by the parents who have been able to take a holiday or have a rest from the continual care of the child. Other periods of short term care have been arranged on account of the mother herself being admitted to hospital.

NATIONAL HEALTH SERVICE ACT, 1946, AND MENTAL HEALTH ACT, 1959

MENTAL HEALTH STATISTICS FOR 1963

Part 1.

1. Admissions to guardianship of L.H.A. or other guardian during the year ended 31.12.63	Mentally ill				Psychopathic				Sub-normal				Severely sub-normal				Totals				Grand Total
	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)
Guardian																					
(a) Under Sect. 33	(L.H.A.)																				
	(Other																				
Sect. 41 (2) (b) from hospitals	(L.H.A.)																				
	(Other																				
Sect. 41 (2) (b) from mental nursing homes	(L.H.A.)																				
	(Other																				
Sect. 87	(L.H.A.)																				
	(Other																				
(b) On court orders Sect. 60 or 61	(L.H.A.)																				
	(Other																				
(c) By direction of Home Secretary, Sect. 79	(L.H.A.)																				
	(Other																				
2. Total number under guardianship at 31.12.63	(L.H.A.)															1				1	1
	(Other															1				1	1

3. Number of Patients under L.H.A. care at 31.12.63	Mentally ill				Psychopathic				Sub-normal				Severely sub-normal				Totals			
	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	Grand Total																			
(a) Total number	—	—	319	388	—	—	6	1	21	11	208	279	192	142	313	292	213	153	846	960
(b) Attending day training centre	—	—	3	1	—	—	—	—	10	5	26	34	106	81	95	70	116	86	124	105
Awaiting entry thereto	—	—	8	3	—	—	—	—	3	3	31	42	8	9	52	55	11	12	91	100
(c) Resident in residential training centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence therein	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Receiving home training	—	—	—	1	—	—	—	—	—	—	—	6	—	—	4	5	—	—	4	12
Awaiting home training	—	—	—	—	—	—	—	—	—	1	2	4	—	—	4	2	—	1	6	6
(e) Resident in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	8	—	—	—	8	—	—
Awaiting residence in L.A. home/hostel	—	—	1	—	—	—	—	—	—	—	4	12	8	10	18	31	8	10	23	43
Resident at L.A. expense in other residential homes/hostels	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	—
Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(f) Receiving home visits and not included under (b) to (e)	—	—	307	383	—	—	10	3	7	2	149	197	76	56	162	159	83	58	628	742
4. Number of children under age 16 attending day or residential training centres who have not been included in item 3 because they do not come within the categories covered in columns (1) to (16)																	Male		Female	
																	Nil		Nil	
																			1,511	

Note Figures should refer to the Authority's own patients only, including those attending a centre belonging to another Authority.

As it is possible for patients to be included in more than one of the categories listed, item 3(a) may not be a total of items 3(b) to (f), but is intended to be the total number of patients under care at the end of the year. Patients receiving or awaiting voluntary services should be included. Item 3(e) should not include patients already included in item 3(c).

Part II.

Number of patients awaiting entry to hospital, or admitted for temporary residential care during 1963

Referred by	Mentally Ill				Psychopathic				Sub-normal				Severely-sub normal				Totals				Grand Total
	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
1. Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.63																					
(a) In urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	1	2	38	14	20	10	38	14	21	12	85
(b) Not in urgent need of hospital care	—	—	5	5	—	—	—	—	1	—	2	2	11	9	15	15	12	9	22	22	65
(c) Total	—	—	5	5	—	—	—	—	1	—	3	4	49	23	35	25	50	23	43	34	150
2. Number of admissions for temporary residential care (e.g. to relieve the family)																					
(a) To N.H.S. hospitals	1	—	1	3	—	—	—	—	3	3	5	11	54	30	18	19	58	33	24	33	148
(b) To L.A. residential accommodation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Total	1	—	1	3	—	—	—	—	3	3	5	11	54	30	18	19	58	33	24	33	148

Note Persons shown in item 1 above should also be included in the figures of patients under L.H.A. care in item 3 of Part I of this form.

Number of patients referred to Local Health Authority during year ended 31st December 1963

Referred by	Mentally III				Psychopathic				Sub-normal				Severely-sub normal				Totals				Grand Total
	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)
(a) General practitioners	2	3	312	549	—	—	3	4	—	—	4	2	4	—	4	—	6	3	323	555	887
(b) Hospitals, on discharge from in-patient treatment	1	2	266	315	—	—	9	3	2	—	2	—	1	1	4	1	4	3	281	319	607
(c) Hospitals, after or during out-patient or day treatment	—	—	99	111	—	—	3	5	—	—	1	1	3	3	3	—	3	3	106	117	229
(d) Local education authorities	—	1	—	—	—	—	—	—	4	3	9	5	34	27	1	4	38	31	10	9	88
(e) Police and courts	—	—	39	9	—	—	3	2	—	5	5	3	—	1	3	—	—	6	50	14	70
(f) Other sources	—	1	49	51	—	1	3	1	—	1	5	—	4	6	5	5	4	9	62	57	132
(g) Total	3	7	765	1,035	—	1	21	15	6	9	26	11	46	38	20	10	55	832	1,071	2,013	

Note Only one referral should be recorded for one patient unless the local authority ceased to provide services after one referral and before the next.

General Note The four classifications of mental category are not mutually exclusive, and patients with a dual classification should be recorded as follows:—

- (a) Mental illness of a degree which would justify detention (whether or not the patient is in fact detained) combined with any other condition—allocate to mental illness.
- (b) Mental subnormality or severe subnormality combined with psychopathic disorder—allocate to mental subnormality or severe subnormality.
- (c) Mental illness of a degree not justifying detention combined with psychopathic disorder and/or mental subnormality—allocate to either mental illness or mental subnormality or to psychopathic disorder according to the type of hospital in which treatment has been given, or according to the major disorder.

NATIONAL HEALTH SERVICE ACT, 1946

LOCAL HEALTH STATISTICS FOR 1963

BIRTHS

Part A. BIRTHS

Actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936 or Section 255 of the Public Health (London) Act, 1936, and the number as adjusted by any notifications transferred in or out of the area.

	Live Births		Stillbirths		Total Births	
	Actual (1)	Adjusted (2)	Actual (3)	Adjusted (4)	Actual (5)	Adjusted (6)
1. Domiciliary ..	5,069	5,066	32	32	5,101	5,098
2. Institutional ..	4,600	8,973	78	194	4,678	9,167
3. Total	9,669	14,039	110	226	9,779	14,265

Part B. PREMATURE BIRTHS

Number of premature births (as adjusted by any notifications transferred in or out of the area).

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or in a nursing home									
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
		within 24 hours of birth	in one and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1 2lb 3oz. or less	52	26	10	—	—	—	—	—	3	3	—	1	29	—
2 Over 2lb 3oz. up to and including 3lb 4oz.	45	14	4	2	2	1	—	—	7	4	—	—	31	2
3 Over 3lb 4oz. up to and including 4lb 6oz.	136	7	5	1	11	—	—	—	19	—	—	—	27	3
4 Over 4lb 6oz. up to and including 4lb 15oz.	147	3	1	1	17	2	—	—	10	—	1	—	15	—
5 Over 4lb 15oz. up to and including 5lb 8oz.	311	2	3	—	118	1	—	—	7	1	1	—	15	3
6 Total	691	52	23	4	148	4	—	—	46	8	2	1	117	8

1=1,000g, or less, 2=1,001-1,500g, 3=1,501-2,000g, 4=2,001-2,250g, 5=2,251-2,500g.

CLINIC SERVICES

Part A. ANTE-NATAL AND POST-NATAL CLINICS

Number of women in attendance		Number of sessions held by				Total number of sessions in columns 3-6
For ante-natal examination	For post-natal examination	Medical officers	Midwives	G.P's employed on a sessional basis	Hospital medical staff	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1,962	279	1,165	—	10	49	1,224

NOTE: Column 5 should not include sessions held by general practitioners for their own patients.

Part B. ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

1	Number of women who attended during the year	(a)	Institutional booked	1,113
		(b)	Domiciliary booked	927
		(c)	Total	2,040
2	Total number of attendances during the year			8,189

Part C. CHILD WELFARE CENTRES

Number of children who attended during the year			Number of sessions held by				Total number of sessions in columns (4)-(7)	Number of children referred elsewhere (see note 1)	Number of children on "at risk" register at end of year (see note 2)
Born in 1963	Born in 1962	Born in 1958-1961	Medical Officers	Health visitors	G.P's employed on a sessional basis	Hospital medical staff			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
7,663	7,339	6,120	1,982	3,746	47	—	5,775	1,187	2,528

NOTES: 1. Column 9 should include only children who were referred for special treatment or advice as a result of a medical examination; either to a general practitioner or direct to a specialist, for special diagnosis and/or treatment. This does not include the child found to have a temperature or a cold or some minor condition, whose mother is advised that this warrants a visit to the family doctor. Each referral of the same child for different conditions on different occasions should be counted.

2. Column 6 should not include sessions held by general practitioners for their own patients.

3. An "at risk" register is that commonly used in schemes for the early detection of abnormalities in children and includes such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, history of virus infection in the mother etc. All children on the register should be counted regardless of whether they attend the centre.

Part D. PREMISES

	Purpose built (1)	Adapted (2)	Occupied on a sessional basis (3)	Total (4)
Number of premises in use at end of year for services shown in parts A-C	17	8	84	110

A list giving the names and addresses of any clinics (a) discontinued and (b) started during the year should be attached.

HEALTH VISITING, HOME NURSING AND HOME HELP.**Part A. HEALTH VISITING**

	Cases visited by health visitors	Number of cases
1	Children born in 1963	14,488
2	Children born in 1962	16,205
3	Children born in 1958-61	30,021
4	Total number of children in lines 1—3	60,714
5	Persons aged 65 or over	2,825
6	Number included in line 5 who were visited at the special request of a G.P. or hospital	1,279
7	Mentally disordered persons	147
8	Number included in line 7 who were visited at the special request of a G.P. or hospital	44
9	Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	478
10	Number included in line 9 who were visited at the special request of a G.P. or hospital	319
11	Number of tuberculous households visited	1,177
12	Number of households visited on account of other infectious diseases	422
13	Number of tuberculous households visited by tuberculosis visitors	—

- NOTES: 1. The list of cases is not comprehensive and other cases which are visited should not be included in the table.
 2. If a case is appropriate to more than one line it should be included in all appropriate lines.
 3. Figures should include cases visited by voluntary organisations acting as agents of the Authority.
 4. In the case of tuberculous households, or other infectious diseases, households only should be counted.
 5. No adult case should be included unless some advice or service is given.

Part B. HOME NURSING

1	Total number of persons nursed during the year	13,710
2	Number of persons who were aged under 5 at first visit in 1963	319
3	Number of persons who were aged 65 or over at first visit in 1963	5,885

NOTE: Figures should include those for voluntary organisations acting as agents of the Authority.

Part C HOME HELP SERVICE

	Home help to households for persons					Total (6)
	aged 65 or over on first visit in 1963 (1)	aged under 65 on first visit in 1963				
		Chronic sick and tuberculous (2)	Mentally disordered (3)	Maternity (4)	Others (5)	
Number of cases	2,546	307	—	288	36	3,177

NOTE: All cases should be counted, even if help began in the preceding year. No case should be counted more than once, even if help ceased and recommenced during the year.

DAY NURSERIES, DAILY MINDERS AND REGISTERED NURSING HOMES**Part A. DAY NURSERIES**

	Number at end of year (1)	Number of approved places (2)	Average daily attendance (3)
Nurseries maintained by the Authority or by voluntary organisations under Section 22 of N.H.S. Act 1946	5	225	145.81

NOTE: A list giving the names and addresses of any day nurseries (a) opened (b) closed during the year should be attached.

Part B. DAILY MINDERS AND REGISTERED NURSERIES

		Nurseries and Child Minders Regulation Act, 1948			National Health Service Act, 1946 Section 22
		Premises registered at end of year		Daily minders registered at end of year (3)	Daily minders receiving fees from the Authority at end of year (4)
		Factory (1)	Other nurseries (2)		
1	Number	—	3	11	—
2	Number of places (Cols. (1) & (2)) and number of children minded at end of year (Col.(4))	—	47		—

Part C. REGISTRATION OF NURSING HOMES UNDER SECTIONS 187 to 194 OF PUBLIC HEALTH ACT, 1936 AND SECTIONS 240 to 249 OF PUBLIC HEALTH (LONDON) ACT, 1936.

		Number of Homes (1)	Number of beds provided		
			Maternity (2)	Other (3)	Total (4)
1	Homes first registered during year	—	—	—	—
2	Homes whose registrations were withdrawn during year	—	—	—	—
3	Homes on register at end of year	6	17	87	104
4	Homes exempt from registration at end of year	—	—	—	—

Names of Councils of County Districts of which the Powers and Duties of the County Council have been delegated under Section 194 of the Public Health Act, 1936.

The powers and duties of the County Council for the respective areas

{	Chesterfield Corporation
	Glossop Corporation
	Ilkeston Corporation

MOTHER AND BABY HOMES

Part A.

Name and address of home	Provided by (Local Authority or name of voluntary organisation)
St. Joseph's Home, Borrowash	Catholic Childrens Society, R.C, Diocese of Nottingham, 7, Colwick Road, West Bridgford, Nottingham.

Part B.

		Number of cases admitted during year (1)	Number of beds at end of year (2)	Average duration of stay (days) (3)
1	Ante-natal	52	17	42
2	Post-natal	8	—	56
3	Shelter	—	—	—
4	Total	60	17	98

5	Number of cots	10
---	----------------	----

6	Number of cases included above for which Authority accepted financial responsibility	1
---	--	---

NOTE: Cases which extend over more than one category in column (1) should be included in the category which applied at the time of admittance. The length of stay of such cases should be broken down for purposes of column (3).

Part C.

Information required if the home is a maternity home				
1	Number of deliveries during the year	(a)	Attended solely by midwife	—
		(b)	Doctor present at some time during labour	—
2	Number of	(a)	Labour beds	—
		(b)	Lying in beds	—
3	Number of cases of	(a)	Puerperal pyrexia	—
		(b)	Pemphigus neonatorum	—
		(c)	Ophthalmic neonatorum	—
4	Number of maternal deaths in the home†			—
5	Number of stillbirths in the home†			—
6	Number of infant deaths in the home†			—

† Details showing cause of death in each case and result of post-mortem examination if available should be given on a separate sheet.

Part D.

Number of cases for which the Authority accepted financial responsibility but which were sent to homes outside the area	81
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**MEDICAL STAFF ENGAGED ON MATERNITY AND CHILD
WELFARE SERVICES AS AT 31st DECEMBER, 1963**

Part A. SALARIED MEDICAL STAFF (engaged on maternity and child welfare work)

Description of post (1)		Number employed	
		whole-time (2)	part-time (3)
1	Senior Maternal and Child Welfare Medical Officer	1	—
2	Maternal and Child Welfare Medical Officers	4	—
3	Assistant Maternal and Child Welfare and School Medical Officers	—	21
4	Medical Officer of Health	—	1
5	Deputy Medical Officer of Health	—	1
6	Assistant Medical Officer	—	1

NOTE: The posts used should be listed by the Authority in column (1).

Part B. USE OF PREMISES BY GENERAL PRACTITIONERS

Number of general practitioners who used L.H.A. premises during the year for sessions reserved for patients on their list

For ante-natal or post-natal sessions (1)	For child welfare sessions (2)
—	—

NOTE: General practitioners who hold ante-natal and child welfare sessions should be included in both columns.

**DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS
AND CHILDREN**

Part A. DENTAL TREATMENT—NUMBERS OF CASES

		Number of persons examined during the year (1)	Number of persons who commenced treatment during the year (2)	Number of courses of treatment completed during the year* (3)
1	Expectant and nursing mothers	131	94	89
2	Children aged under 5 and not eligible for school dental service	858	517	222

* If a patient has more than one course of treatment during the year, each course should be counted.

Part B. DENTAL TREATMENT PROVIDED

	Scalings and gum treatment (1)	Fillings (2)	Silver nitrate treatment (3)	Crowns and inlays (4)	Extrac- tions (5)	General anaes- thetics (6)	Dentures provided		Radio graphs (9)
							Full upper or lower (7)	Partial upper or lower (8)	
1 Expectant and nursing mothers	68	287	1	—	215	15	14	13	11
2 Children aged under 5 years and not eligible for school dental service	3	105	1,200	—	562	362	—	—	—

NOTE: Figures should refer to number of treatments and not to number of persons.

Part C. NUMBER OF PREMISES AND SESSIONS

1	Number of dental treatment centres in use at end of year for services shown in Part B above	9
2	Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year	219

**STAFF RETURN (OTHER THAN MEDICAL AND DENTAL) AS
AT 31st DECEMBER, 1963**

**Part A. HEALTH AND TUBERCULOSIS VISITING, MIDWIFERY,
HOME NURSING AND CLINIC STAFF**

		Number of whole-time staff (1)	Number of part-time staff (2)	whole-time equivalent of column (2) (3)	Immediate vacancies (4)
1	Total staff	232	74	51.25	26
2	Administrative and supervisory	4	3	2.1	—
3	Health visitors	—	70	49.0	13
4	Tuberculosis visitors	—	—	—	—
5	Home nurses	128	21	10.5	2
6	Midwives	77	24	12.0	11
7	Other S.R.N.	—	1	.75	—
8	Other S.E.N.	—	—	—	—
9	Auxiliary staff	—	—	—	—

NOTES: 1. All staff are to be included in line 1 and also in lines 2 to 9 according to their normal duties. Staff of voluntary organisations acting as agents of the Authority should be included.

2. Staff who are wholly administrative or supervisory are to be included in lines 1 and 2 only. Staff who are partly administrative or supervisory should also be shown in lines 3 to 9 according to their normal duties.

3. Whole-time staff who undertake combined duties should be shown in line 1 as whole-time and as part-time against each of the duties normally performed. All Local Authority Staff who also undertake school health service duties should be shown as part-time in column (2); the time they spend on these duties should be excluded from Part A, and shown in Part B.
4. The following staff should be excluded:
 - Whole-time school nurses
 - Students, pupils and health visitor tutors
 - Staff in nurseries (see Part C)
5. Column (4) should show vacancies which would be filled immediately if possible. If vacancies cover combined duties, the combinations involved should be quoted.
6. Auxiliary staff should include lay clinic assistants and other unqualified staff but not clerical staff.

Part B. SCHOOL NURSING

1	Number of staff included in Part A who also undertake school nursing duties	70
2	Total whole-time equivalent of school nursing duties undertaken by these staff	21.0

Part C. NURSERY STAFF

	Nursery super- visors (1)	Matrons		Deputy Matrons		Staff nursery nurses			Other staff (excluding domestics)		
		S.R.N. R.S.C.N. or R.F.N. (2)	Others (3)	S.R.N. R.S.C.N. or R.F.N. (4)	Others (5)	S.R.N. R.S.C.N. or R.F.N. (6)	S.E.N. (7)	Nursery nurses (8)	Wardens (9)	Nursery students (10)	Others (11)
1 Number in post	—	3	2	1	3	—	2	8	4	21	6.5
2 Immediate Vacancies	—	—	—	—	—	—	—	—	—	—	1

Part D. HEALTH VISITORS AND TUBERCULOSIS VISITORS

1	Number of group advisors			—
2	Number of health visitor tutors			—
3	Number of qualified staff engaged solely on tuberculosis visiting	(a)	Qualified health visitors	—
		(b)	Qualified tuberculosis visitors only	—
4	Number of health visitors and tuberculosis visitors acting under dispensation	(a)	Engaged solely on tuberculosis visiting	—
		(b)	Others	—

Part E. HOME NURSES

1	Number of S.R.Ns., R.S.C.Ns. and R.F.Ns. not employed solely on administrative and supervisory duties	(a)	Male	—
		(b)	Female	141
2	Number of state enrolled nurses			8
3	Number of nurses who have completed a course of district training			8
4	Number of student district nurses in training at end of year			—

Part F. SUPERVISORY STAFF

1	Is a chief or superintendent nursing officer employed for all nursing services ?	No
2	Number of non-medical supervisors of midwives employed	3
3	Number of superintendent health visitors employed	3
4	Number of home nursing superintendents employed	3
5	If any staff are engaged on a combination of the above duties please specify :	
	Lines 2 & 4. 2 Non Medical Supervisors of Midwives & Home Nursing Superintendents undertake 50 % each post.	

Part G. HOME HELP

1	Number of home help organisers and assistant organisers	(a)	Whole-time	8
		(b)	Part-time	—
		(c)	Whole-time equivalent of (b)	—
2	Number of home helps	(a)	Whole-time	165
		(b)	Part-time	343
		(c)	Whole-time equivalent of (b)	212

Part H. CARE OF ILLEGITIMATE CHILDREN (Circular 2866)

1	Qualifications of field worker if employed	None employed
2	If a field worker is not employed, what arrangements are made for this work to be undertaken?	The Superintendent Health Visitor has been specially deputed to keep illegitimate children under particular observation.

MIDWIFERY STAFF RETURN AS AT 31st DECEMBER, 1963**Part A. DOMICILIARY MIDWIFERY**

Employed by	Administrative and Supervisory staff			Domiciliary midwives		
	Whole-time (1)	Part-time (2)	Whole-time equivalent of (2) (3)	Whole-time (4)	Part-time (5)	Whole-time equivalent of (5) (6)
1 The Authority	1	2	1	77	24	12.0
2 Voluntary organisations acting as agents for the Authority	—	—	—	—	—	—
3 H.M.C. or B.G.				—	—	—

4	Number of midwives approved as teachers included in lines 1-3 above	7
---	---	---

NOTE: The combined figures of domiciliary midwives in lines 1, 2 and 3 (columns 4, 5 and 6) above should agree with the figures in Part A, line 6 on form L.H.S. 27/8.

Part B. OTHER MIDWIVES (not included in Part A)

1	Number practising in the Authority's area (excluding those in N.H.S. hospitals)	—
---	---	---

Part C. PUPIL MIDWIVES

1	Number of pupils who have completed district training in the area during the year as part of a Part II midwifery course	Wholly on the district	—
		Partly on the district	22
2	Number in training at end of year	Wholly on the district	—
		Partly on the district	6

Part D. DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1963

Number of domiciliary confinements attended by midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked (1)	Doctor booked (2)	Total (3)	
293	4,735	5,028	2,745

- NOTES
1. This table relates to women delivered, and not, in the case of multiple births, to infants.
 2. Cases appropriate to column (4) should not be entered in the other columns.

COUNTY OF DERBY

APPENDIX II.

Table of Deaths during the year 1963 in each of the Sanitary Districts, Classified according to Diseases.

DISTRICTS	DEATHS FROM VARIOUS CAUSES																																						
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and lymphatic Neoplasms	Leukaemia Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with heart disease	Other Heart Disease	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital malformations	Other defined and ill defined diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and operations of war	All Causes		
(URBAN)																																							
ALFRETON	1	-	2	-	-	-	-	-	1	6	10	3	1	16	2	4	40	36	3	49	17	1	7	19	1	2	-	1	3	-	1	14	5	8	4	-	257		
ASHBOURNE	-	-	-	-	-	-	-	-	1	-	4	2	1	10	-	-	21	18	1	8	12	-	2	1	-	-	1	1	-	-	2	2	1	-	-	88			
BAKEWELL	-	-	-	-	-	-	-	-	-	1	2	2	-	5	-	-	24	14	4	15	5	-	1	3	-	2	-	-	-	-	5	-	-	-	-	84			
BELPER	1	-	-	-	-	-	-	-	-	6	3	2	-	16	2	1	34	34	3	20	17	-	16	14	1	2	2	1	-	3	25	1	2	1	-	208			
BOLSOVER	-	-	-	-	-	-	-	-	-	-	6	1	-	7	-	-	13	22	1	13	7	1	4	11	2	-	-	3	-	3	9	-	6	1	-	110			
BUXTON (Borough)	2	-	-	-	-	-	-	-	-	9	9	5	2	23	3	2	43	65	1	57	8	1	6	13	3	3	-	3	-	1	17	1	4	1	-	282			
CHESTERFIELD (Bor'gh)	4	-	-	-	-	-	-	1	-	23	29	14	6	59	3	3	108	152	13	114	41	-	99	60	16	6	2	7	5	1	5	52	7	39	9	-	878		
CLAY CROSS	1	-	-	-	-	-	-	-	1	3	4	-	-	8	-	-	14	18	2	13	4	-	6	13	3	1	-	1	-	-	6	1	2	-	-	101			
DRONFIELD	-	-	-	-	-	-	-	-	-	2	4	3	1	13	-	-	9	24	-	10	4	-	5	4	1	1	1	-	-	1	-	1	1	-	1	-	86		
GLOSSOP (Borough)	2	1	-	-	-	-	-	1	-	10	7	4	4	12	-	3	64	44	4	43	11	-	5	28	2	-	1	8	1	-	1	15	1	1	4	-	277		
HEANOR	1	-	-	-	-	-	-	-	-	5	10	3	1	24	1	2	33	48	3	35	19	2	10	13	5	1	1	2	2	-	3	23	3	7	2	-	259		
ILKESTON (Borough)	-	-	-	-	-	-	-	2	-	13	22	9	5	30	-	5	68	59	7	32	12	-	14	30	2	9	2	2	2	-	3	21	7	12	2	-	371		
LONG EATON	1	-	2	-	-	-	-	-	-	8	15	7	4	15	2	3	32	62	10	48	15	1	10	22	1	3	1	2	-	4	24	3	6	-	1	302			
MATLOCK	-	-	-	-	-	-	-	-	1	3	6	6	3	15	-	-	22	41	-	29	13	2	11	8	-	3	2	1	-	3	5	2	9	2	-	187			
NEW MILLS	-	-	-	-	-	-	-	-	-	3	1	1	-	10	-	1	17	19	-	6	19	-	4	8	2	1	1	-	-	-	11	1	4	1	-	114			
RIPLEY	-	1	-	-	-	-	-	-	-	6	7	2	2	19	-	4	30	36	5	22	11	1	15	13	-	2	-	-	-	-	1	15	1	4	1	-	198		
STAVELEY	2	-	-	-	-	-	-	-	-	6	6	5	2	17	1	-	24	28	4	27	9	-	18	10	5	1	-	1	-	2	11	2	7	2	-	191			
SWADLINCOTE	-	-	-	-	-	1	-	-	-	7	8	4	1	23	2	2	25	42	3	28	16	-	8	17	5	1	-	-	-	1	16	4	4	1	-	219			
WHALEY BRIDGE	-	-	-	-	-	-	-	-	-	-	2	-	-	4	1	1	13	16	1	10	4	1	3	4	1	1	-	-	-	-	4	3	1	3	-	74			
WIRKSWORTH	1	-	-	-	-	-	-	-	-	-	-	1	-	10	-	2	10	9	1	5	-	-	2	4	-	1	-	-	-	-	6	1	2	3	-	58			
URBAN DISTRICTS ..	16	2	4	-	-	1	-	4	5	111	155	74	33	336	17	33	644	787	66	584	244	10	246	295	50	40	14	36	17	3	31	282	46	119	38	1	4,344		
(RURAL)																																							
ASHBOURNE	1	1	-	-	-	-	-	-	-	5	5	2	2	9	-	6	23	19	4	15	9	-	7	3	1	2	-	1	-	-	1	10	-	1	2	-	129		
BAKEWELL	-	-	-	-	-	-	-	-	1	6	11	9	2	17	2	-	32	40	5	34	17	-	3	13	7	1	-	-	-	1	21	2	9	2	-	235			
BELPER	1	-	1	-	-	-	-	-	-	6	12	6	1	38	2	2	58	87	12	45	20	-	20	15	5	4	1	2	-	3	34	4	8	3	-	392			
BLACKWELL	2	-	-	-	-	-	-	1	1	7	13	6	3	35	3	2	57	77	4	63	24	2	19	29	12	4	2	6	4	3	48	6	14	3	-	451			
CHAPEL-EN-LE-FRITH	-	1	-	-	-	-	-	-	-	5	6	5	1	21	2	3	60	54	3	32	14	-	8	17	1	5	1	-	1	-	17	5	3	3	-	268			
CHESTERFIELD	4	-	2	-	-	-	-	1	-	27	35	16	8	71	11	6	134	137	18	126	49	-	48	66	14	7	8	10	3	12	61	16	30	10	1	931			
CLOWNE	-	-	-	-	-	-	-	-	-	5	9	2	1	20	3	4	28	29	1	37	7	-	12	10	2	1	1	4	2	2	11	4	7	3	-	205			
REPTON	-	-	1	-	-	-	-	-	-	8	9	7	2	26	2	2	46	77	17	84	31	-	28	30	4	-	-	1	-	3	27	8	14	-	1	429			
S.E. DERBYSHIRE ..	3	1	3	-	-	-	-	-	1	21	41	22	5	87	5	8	100	197	21	136	38	-	58	55	12	6	2	8	-	11	75	21	17	6	-	960			
RURAL DISTRICTS ..	11	3	7	-	-	-	-	2	3	90	141	75	25	324	30	33	538	717	85	572	209	2	203	238	58	30	15	32	13	1	36	304	66	103	32	2	4,000		
URBAN DISTRICTS ..	16	2	4	-	-	1	-	4	5	111	155	74	33	336	17	33	644	787	66	584	244	10	246	295	50	40	14	36	17	3	31	282	46	119	38	1	4,344		
WHOLE COUNTY ..	27	5	11	-	-	1	-	6	8	201	296	149	58	660	47	66	1,182	1,504	151	1,156	453	12	449	533	108	70	29	68	30	4	67	586	112	222	70	3	8,344		

COUNTY OF DERBY

YEAR	DEATHS FROM VARIOUS CAUSES																																Death Rate from all Causes, per 1,000 of population*					
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and lymphatic Neoplasms	Leukaemia Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with heart disease	Other Heart Diseases	Other Circulatory Diseases	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital malformations	Other defined and ill defined diseases		Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and operations of war	All Causes
1950 ..	154	18	25	-	10	2	10	2	26	224	141	113	73	646	34	63	1,039	716	198	1,433	354	65	204	448	72	63	40	117	56	16	76	857	60	178	81	6	7,620	11.13
1951 ..	119	23	19	-	4	4	4	3	18	218	157	111	65	629	30	59	1,056	835	191	1,522	314	238	284	496	70	79	40	117	66	11	77	841	77	159	71	2	8,009	11.67
1952 ..	110	12	17	-	4	4	6	1	18	202	167	107	43	668	21	73	1,027	825	145	1,428	299	24	251	342	72	70	23	109	54	8	63	687	58	218	73	5	7,234	10.56
1953 ..	113	12	11	-	6	2	3	3	22	199	166	104	46	600	40	48	936	850	162	1,340	336	76	264	382	75	61	27	85	42	6	71	692	62	150	66	2	7,060	10.20
1954 ..	80	12	21	-	3	4	3	-	20	207	165	100	54	614	29	53	1,083	942	173	1,428	372	35	274	402	73	80	36	97	74	8	82	763	80	185	84	2	7,638	11.55
1955 ..	74	10	19	1	2	1	6	3	19	205	173	124	58	590	32	65	1,104	962	143	1,431	434	41	282	383	72	80	33	95	68	4	83	763	77	162	88	2	7,689	11.67
1956 ..	51	6	14	-	1	2	1	-	12	205	233	132	63	681	29	52	1,094	1,069	197	1,371	417	26	316	398	73	81	27	84	58	7	86	666	80	193	74	1	7,800	12.29
1957 ..	51	5	16	-	-	3	2	-	7	198	210	122	55	663	43	59	1,231	1,008	158	1,189	454	102	287	376	93	58	24	80	30	6	76	662	55	204	102	8	7,637	12.13
1958 ..	46	5	8	-	1	1	2	-	10	219	230	134	53	658	25	55	1,223	1,213	169	1,324	408	44	381	455	71	69	30	79	47	6	90	635	106	195	81	5	8,078	12.59
1959 ..	34	5	8	-	-	6	-	1	14	206	250	123	58	714	44	55	1,159	1,190	126	1,170	422	84	322	466	77	63	36	65	42	5	91	659	94	183	78	6	7,856	12.22
1960 ..	39	5	7	-	-	-	-	1	10	215	300	134	60	682	40	61	1,121	1,308	145	1,133	415	15	374	434	81	65	40	79	47	4	74	615	96	201	72	4	7,877	12.11
1961 ..	29	8	15	-	2	2	-	-	13	216	267	141	58	640	38	67	1,176	1,312	144	1,191	446	178	469	538	111	70	47	62	43	4	88	606	119	188	72	2	8,362	12.83
1962 ..	33	3	11	-	-	2	-	-	15	201	276	140	60	675	36	61	1,238	1,520	138	1,153	440	56	455	491	124	90	39	67	29	4	99	609	99	190	80	4	8,438	12.80
1963 ..	27	5	11	-	-	1	-	6	8	201	296	149	58	660	47	66	1,182	1,504	151	1,156	453	12	449	533	108	70	29	68	30	4	67	586	112	122	70	3	8,344	12.31

* Adjusted from 1954 onwards having regard to the "area comparability factor" provided by the Registrar-General (see note on pages 15 & 16).

